



www.educode.us
#EduCode2018
EduCode EXPO
P.O. Box 400067, Las Vegas, NV 89140-0067
O-702-267-3911, F-702-267-3901

The Orleans Hotel & Casino
Las Vegas, Nevada

March 19 - 23, 2018



EXPO REGISTRATION FORM

REGISTRATION DEADLINE — MARCH 5, 2018

* EDUCODE REGISTRAR - ICC * · CENTRAL REGIONAL OFFICE · 4051 FLOSSMOOR ROAD · COUNTRY CLUB HILLS · ILLINOIS · 60478 · 1-888-422-7233, EXT. 33818

COMPANY INFORMATION:

DATES BOOTH SPACE NEEDED: _____ To _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

PRODUCTS OR SERVICES TO BE DISPLAYED: _____

NAME: _____ TITLE: _____
(Provide the name of the individual who will receive all correspondence regarding set-up and "on-site" information. This person is also responsible for forwarding all EXPO guidelines to "on-site" personnel.)

ADDITIONAL ATTENDEE: _____ TITLE: _____

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EXPO BOOTH/SPACE ORDER REQUEST:

* INTERNET CONNECTION AVAILABLE UPON REQUEST – CONTACT EDUCODE

NUMBER OF EXHIBIT DAYS: _____ BOOTH/SPACE LOCATION: 1st CHOICE: _____ 2nd CHOICE: _____
(Enter number here and check box below) (See EXPO Layout on website at—www.educode.us)

ELECTRICAL OUTLET REQUIRED: ELECTRICAL OUTLET FEE: # of Days: _____ @ \$ 25.00/Day: _____
(Enter number here and check box below)

EXHIBIT BOOTH/SPACE DESCRIPTION:

Each exhibit booth/space is provided with carpet, 8' skirted table, 2 chairs, a 30" X 72" color banner (mounted above each booth) and EXPO exhibitor name badge. Two (2) lunch meal tickets will be provided for each registered day. Other exhibit space furnishings or needs are available at additional cost and must be pre-paid. Please contact EduCode for availability and costs. Booth/space assignments are made on a "first-come first-serve" basis. Registration for booth/space will not be processed prior to completion of this exhibit/space registration form and payment.

Exhibit Space Payment

Exhibit Days	Power
<input type="checkbox"/> One Day — \$ 500.00	<input type="checkbox"/> \$ 25.00
<input type="checkbox"/> Two Day — \$ 900.00	<input type="checkbox"/> \$ 50.00
<input type="checkbox"/> Three Day \$ 1,200.00	<input type="checkbox"/> \$ 75.00
<input type="checkbox"/> Four Day — \$ 1,500.00	<input type="checkbox"/> \$ 100.00
<input type="checkbox"/> Five Day — \$ 1,500.00	<input type="checkbox"/> \$ 125.00

Sub-Totals: \$ _____ \$ _____
days # days

Additional Purchase Request: \$ _____

(Purchase Description)
Additional Purchase Request: \$ _____

(Request Description)
Total Payment Requirements: \$ _____

Method of Payment

Check

* ATTACH CHECK TO FORM & MAIL TO EDUCODE REGISTRAR, ICC

VISA MASTERCARD
 DISCOVER AMERICAN EXPRESS

* FAX FORM To (708) 799-2651 OR E-MAIL TO jfranklin@iccsafe.org

Name — (as it appears on card) _____

Address _____

Phone _____

Credit Card # _____

Signature _____

Exp. date

CVV Code

OFFICIAL EXPO
USE ONLY:

ADDITIONAL REQUESTS: _____

POWER NUMBER OF DAYS: _____

BOOTH ASSIGNMENT: _____

TOTAL # OF EXHIBIT DAYS: _____

START DATE _____

Disclaimer: All sales are final, no refunds will be issued.

* PLEASE * · E-MAIL A COPY OF COMPLETED FORM TO: joel.ritchie@cityofhenderson.com · *ADDITIONAL QUESTIONS* · CALL JOEL RITCHIE (702) 591-4406