

EduCODE 2019

EduCode EXPO
P.O. Box 400067, Las Vegas, NV 89140-0067
Al Ellis—702-265-2770

The Orleans Hotel & Casino
Las Vegas, Nevada

March 11 -15 2019



EXPO REGISTRATION FORM

REGISTRATION DEADLINE — FEBRUARY 15, 2019

* 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: _____

PRODUCTS OR SERVICES TO BE DISPLAYED: _____

ADDRESS: _____

NAME: _____

TITLE: _____

CITY: _____ STATE: _____ ZIPCODE: _____

(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.)

TELEPHONE: _____ FAX: _____

ADDITIONAL ATTENDEE: _____

TITLE: _____

E-MAIL: _____

ADDITIONAL ATTENDEE: _____

TITLE: _____

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 Al Ellis (702-265-2770) 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

Method of Payment

OFFICIAL EXPO
USE ONLY:

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 | \$ 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-

\$ _____ \$ _____

days

days

Additional Purchase \$ _____

(Purchase Description)

Additional Purchase Request: \$ _____

(Request Description)

Total Payment Requirements: \$ _____

Check

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

- | | | | |
|--------------------------|----------|--------------------------|------------------|
| <input type="checkbox"/> | VISA | <input type="checkbox"/> | MASTERCARD |
| <input type="checkbox"/> | DISCOVER | <input type="checkbox"/> | AMERICAN EXPRESS |

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

CONTACT JESSICA FRANKLIN AT
ICC FOR ALL CREDIT CARD
TRANSACTIONS

Phone _____ / _____

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

ADDL. REQUESTS: _____

POWER

NUMBER OF DAYS: _____

TOTAL # OF EXHIBIT DAYS: _____

START DATE

BOOTH ASSIGNMENT: _____

* PLEASE * · E-MAIL A COPY OF COMPLETED FORM TO: aellis.educode@gmail.com · *ADDITIONAL QUESTIONS* · CALL ALAN ELLIS 702-265-2770