

EXHIBITORS

Exhibitor Registration Form

Please fill out the form below and return by mail or fax with payment to: Convention Registration Services, Attn: SAR 2009, PO Box 768415, Roswell, CA 30076. You may also register online at www.aiasc.org, or registration can be faxed to 770.552.3395. Make checks payable to AIA South Atlantic Region.

Name*: _____

Title: _____

Company Name: _____

Street/Shipping Address: _____

City: _____ State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

***Please submit name as you would like it to appear on your nametag.**

All Conference Exhibitors will receive two (2) complimentary registrations per booth purchased. Two complimentary registrations enable you to attend any and all of the keynotes and seminars to network with the architects.

I have been assigned to Booth Number(s): _____

Please register the following two (2) people as our company's complimentary registrations:

Name*: _____

Name*: _____

***Please submit name as you would like it to appear on your nametag.**

Title	Early Bird Pricing*	After Sep. 1, 2009 Pricing
Expo Pass Only***	<input type="checkbox"/> \$125/person	<input type="checkbox"/> \$150/person

List Additional Attendee Names for Nametags _____

*Expo Pass includes two full buffet breakfasts, two lunches, two receptions in Exhibit Hall with food and drink provided and refreshment breaks. Note that pass does not include Continuing Education Seminars. * Early Bird Deadline: Pricing valid when registration is complete prior to August 30th, 2009.*

Payment Information

TOTAL: # PASSES _____ X \$ _____ = _____

Method of Payment:

MasterCard Visa American Express Discover Check Enclosed

Address of Cardholder: _____

Card Number: _____ Expiration: _____

CVV 3 Digit Code: _____ Name as it appears on card: _____

Signature: _____