Exhibitor Primary Registration Form

Exhibitor Registration:
Exhibitors will receive complimentary registration(s) as shown below based on the type of exhibit space contracted for. Any additional registrations or registration for exhibitors’ guests/spouse should register using the Attendee Registration Form or use Online Registration via the ISDC website.

Table Exhibitor – One (1) Complimentary conference registration
Freestanding Display Space Exhibitor – Two (2) Complimentary conference registrations
Premier Freestanding Display Space Exhibitor – Four (4) Complimentary conference registrations

NOTE: Registration includes admittance to all educational sessions and Saturday Awards Gala.

Organization/Company Name for name badge: ____________________________

1st Attendee – First Name: ___________________________ Last Name: ___________________________
Nickname for Badge: ____________________________
(Address: ______________________________________)
Address 2: ______________________________________
Phone: ___________________________ Fax: ___________________________
Email*: ___________________________
*Confirmation and secondary information will be sent via email

2nd Attendee – First Name: ___________________________ Last Name: ___________________________
Nickname for Badge: ____________________________
(Address: ______________________________________)
Address 2: ______________________________________
Phone: ___________________________ Fax: ___________________________
Email*: ___________________________
*Confirmation and secondary information will be sent via email

3rd Attendee – First Name: ___________________________ Last Name: ___________________________
Nickname for Badge: ____________________________
(Address: ______________________________________)
Address 2: ______________________________________
Phone: ___________________________ Fax: ___________________________
Email*: ___________________________
*Confirmation and secondary information will be sent via email

4th Attendee – First Name: ___________________________ Last Name: ___________________________
Nickname for Badge: ____________________________
(Address: ______________________________________)
Address 2: ______________________________________
Phone: ___________________________ Fax: ___________________________
Email*: ___________________________
*Confirmation and secondary information will be sent via email

Cancellation Policy:
All cancellations must be received in writing. Cancellations received in writing by May 12, 2005 will receive a full refund less a $25 processing fee. Cancellations received after May 12, 2005 are nonrefundable.

Return to:
NSS-ISDC 2005
1620 I Street, NW, #615
Washington, DC 20006
Or fax to: 202-463-8497

Secondary registration information (including tours and meals) will be provided prior to ISDC 2005