

PDA Exhibitor Registration Form

2012 PDA Annual Meeting, Courses and Exhibition

Exhibition: April 16-17, 2012 | JW Marriott Desert Ridge Resort, Phoenix, Arizona

Registration is simple and fast..... Fax or E-Mail **FAX:** +1 (301) 986-0296 (USA) | **E-MAIL:** Alison Caballero at caballero@pda.org

1 Exhibitor Information

If this form is an update to a previously submitted form, please check here.

Exhibiting Company Name _____

Booth Number _____

2 Booth Package Registration

Booth Package Includes: Two Exhibit Only & One Full Conference Badge per booth/table purchase. The badges provide access to all meals and networking events.

Submission/Substitution: Booth Package names need to be submitted no later than **February 12, 2012**, after this date a late fee of \$50 per person will be incurred.

Free Full Conference Pass- Included with booth package

Name _____
Professional Title _____
Mailing Address _____
City/State/Zip _____
Email _____

Two Free Exhibit-Only Passes- Included with booth package

Name _____ Name _____
Professional Title _____ Professional Title _____
Mailing Address _____ Mailing Address _____
City/State/Zip _____ City/State/Zip _____
Email _____ Email _____

3 Additional Exhibit Only Pass

Additional Exhibit-Only Pass \$300 x _____

1. Name _____
Professional Title _____
Mailing Address _____
City/State/Zip _____
Email _____
2. Name _____
Professional Title _____
Mailing Address _____
City/State/Zip _____
Email _____

4 Additional Full Conference Pass

Member Fee: \$1,356 x _____
 Non-Member Fee: \$1,556 x _____

LIMITED TIME OFFER! Pricing valid through- March 6, 2012

Please Note: For a limited time, exhibitors receive 20% discount off the standard registration fee. Listed registration fees reflect the discounted fee. Forms can be faxed, mailed or emailed. Forms & full payment must be received by **March 6, 2012**. After this deadline, the conference prevailing rates apply (refer to the standard registration form).

Member # _____ Non-Member

1. Name _____
Professional Title _____
Mailing Address _____
City/State/Zip _____
Email _____

Member # _____ Non-Member

2. Name _____
Professional Title _____
Mailing Address _____
City/State/Zip _____
Email _____

For additional space please print for each individual registrant

6 Payment Options

Please check one. All cards are charged in US\$.

PDA Federal Tax I.D. #52-1906152

Please bill my: American Express MasterCard VISA

Total Amount: \$ _____

Credit Card is a guarantee of payment only (Company Check to follow).

Card Number _____ Exp. Date _____
Name (exactly as it appears on card) _____ Signature _____
Billing Address (if different from above) _____
City/State/Zip/Country _____

By Bankers' Draft Check

Forwarded together with the registration form
Payable to: PDA
P.O. Box 79465
Baltimore, MD 212-79-0465 USA

Overnight Deliveries:
Payable to: PDA, c/o Suntrust Bank
Lockbox 79465, 1000 Stewart Avenue
Glen Burnie, MD 21061 USA

SUBSTITUTIONS (Full Conference): If you are unable to attend, substitutions can be made at any time, including on-site at the prevailing rate. The fee difference in the prevailing rate is due at the time of substitution. Please note that if you are a non-member substituting for a member, you will be required to pay the difference in the non-member fee.

SUBSTITUTIONS (Exhibit Only): Substitutions can be made in writing before February 16, 2012, after this date a fee of \$50 will be incurred. On-site substitutions will incur a fee of \$50.

REFUNDS: Refund requests must be in writing and faxed to +1 (301) 986-1093. (Emails and phone messages are not accepted). If your written request is received on or before **February 16, 2012**, you will receive a full refund minus a \$200 processing fee. After that time, no refunds or credit requests will be approved. On-site registrants are not guaranteed to receive conference materials until all advanced registered attendees receive them.