



EXHIBITOR REGISTRATION FORM

33rd Annual Conference March 6-7, 2009

Sheraton Richmond West Hotel
6624 West Broad Street
Richmond, VA

Registration Form:

Company / Organization Name: _____

Address: _____

Phone: _____ Fax _____

E-Mail Address (for confirmation): _____

Contact Name / Title: _____

Name(s) of Representatives Attending: _____

Nature of Product(s) / Service: _____

Any Research-Based Evidence? Yes (Attach references or list on the back) N/A

Level: (See attached "Exhibitors' Packages" document for exhibit features)

<u>Check Preferred Level</u>	<u>Nonmember / VBIDA Member Price</u>	<u>Amount Due</u>
<input type="checkbox"/> GOLD *	\$400 / \$325	\$_____
<input type="checkbox"/> SILVER	\$300 / \$225	\$_____
<input type="checkbox"/> BRONZE	\$200 / \$125	\$_____

of tables needed? _____ Need electricity? (Only guaranteed for Gold & Silver Levels) Yes No

Door Prize? (To be delivered during set up)

Yes No

*Gold Level Exhibitors: Attach a 1-paragraph description of your company/organization (for presentation at the opening session), and indicate here how many complimentary Fri. night President's Dinner reservations you require (limit 2) _____

Please send your completed form and full payment (payable to **VBIDA**) to the address below before **Jan. 30, 2007**.
(Space limited)

VBIDA Exhibits
9964 Patterson Dr.
Bent Mountain, VA 24059

Got ?s -- E-mail "Exhibits" RnRJohnson@aol.com and ccebryan@charter.net

** Keep copies of all completed forms.