



EXHIBITOR REGISTRATION
October 9 – 10, 2018
Columbia Metropolitan Convention Center

An Exhibit Booth Includes

- 10' by 10' space – post and rail with curtain
- 6ft Skirted table
- 2 chairs
- Identification sign
- 2 conference and reception badges (\$900 value)

Company Information

Please type your information as you would like it to appear on conference materials.

*Required information

Organization/Company* _____

Address* _____

City* _____ State* _____ Zip* _____

Email* _____ Daytime Phone* _____

Web Site Address* _____

Company Profile – check all that apply

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Academic/Vocational Training | <input type="checkbox"/> Material Producer | <input type="checkbox"/> Certification/Testing | <input type="checkbox"/> OEM |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Press | <input type="checkbox"/> Distributor | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Equipment/Tools/Software | <input type="checkbox"/> Research & Development | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> State/Local Government | <input type="checkbox"/> Other (please specify): _____ | | |

On-Site Representation

On Site Representative #1

First Name* _____ Last Name* _____

Title* _____

Email* _____ Day time Phone* _____

Are you planning to attend the reception on Tuesday evening, October 9 at EdVenture? Yes No

If yes, will you need transportation from the Convention Center to Edventure? Yes No

Will you attend any of the following tours on October 8th? (Check all that apply)

Aerospace Industry Tour (Location TBD) 2:00-3:00 pm

Yes No

McNAIR Center for Aerospace Innovation and Research 3:00-4:00 pm

Yes No

Center for Predictive Maintenance 4:00-5:00 pm

Yes No

May we include your name and contact information in materials to be shared with other attendees?

Yes No

On Site Representative #2

First Name* _____ Last Name* _____

Title* _____

Email* _____ Day time Phone* _____

Are you planning to attend the reception on Tuesday evening, October 9 at Edventure?

Yes No

If yes, will you need transportation from the Convention Center to Edventure?

Yes No

Will you attend any of the following tours on October 8th? (Check all that apply)

Aerospace Industry Tour (Location TBD) 2:00-3:00 pm

Yes No

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Yes No

Center for Predictive Maintenance 4:00-5:00 pm

Yes No

May we include your name and contact information in materials to be shared with other attendees?

Yes No

Fee Information

The exhibitor registration fee is listed below. Discounts are available for Non-Profits and Higher Education Institutions. Additional utilities (electricity, internet, etc.) are available. Fees vary based on services requested.

Exhibit Booth Registration

Early Bird (on or before July 1) Regular

_____ Number of Booths Requested	\$1,575	\$1,750
_____ Number of Non-Profit Booths Requested	\$775	\$875
_____ Number of Higher Education Booths Requested	\$775	\$875

Discounts are available for larger booth spaces (please check which larger booth space you prefer):

_____ 20'x20' booth
\$5,700 USD per 20'x20' booth on or before July 1
\$6,300 USD per 20'x20' booth after July 1

_____ 20'x30' booth
\$7,500 USD per 20'x20' booth on or before July 1
\$8,400 USD per 20'x20' booth after July 1

TOTAL \$ _____

Exhibit Booth Availability

____ First Choice Booth Number (refer to floor plan online at southcarolinaaerospace.com)*

____ Second Choice Booth Number (refer to floor plan online at southcarolinaaerospace.com)*

Please visit the conference website and click **Sponsor + Exhibitor Menu** for latest booth availability.

*The conference and expo organizers cannot guarantee priority booth placement, but we will try to accommodate the preferences listed above. You will receive your booth number in a confirmation email within 5 business days of registration.

Additional Registration Options

Your booth registration will include 2 badges with access to the Expo Hall, conference sessions, breakfast and lunch on October 9 – 10 and the evening reception on October 9, 2018. If you wish to send additional registrants to the conference, please register each person separately on the conference website <http://southcarolinaaerospaceconference.com/register/>

Special Assistance & Dietary Restrictions

Please indicate if you or any of the on-site representatives will need any form of assistance or accommodation with conference facilities or have any dietary restrictions.

Questions

If you are experiencing difficulties with the registration process or have general questions regarding the conference please contact Conference & Event Services at 803-777-9444 or info@southcarolinaaerospaceconference.com.

Program questions can be directed to program@southcarolinaaerospaceconference.com.

Cancellation Policy

All cancellations must be made in writing to info@southcarolinaaerospaceconference.com Cancellation fees are as follows: On or before July 15, 2018, you will receive a refund of 75% of total amount paid. After July 15, 2018 no refunds will be given. In the event we are able to re-sell the exhibit hall space, we will refund 80% of the total amount paid. The conference reserves the right to retain all fees in the event of non-attendance at the event.

Please continue to the next page to submit payment information.

Method of Payment (Mail or Fax)

CEC Office Use Only:

DATE: _____ MTH _____ \$ _____ APPVL _____ A _____ CC 4 _____ Exp _____

Exhibit booths must be paid in full prior to arrival at the conference. Set up will not be allowed if a balance is outstanding.

Please complete the payment information and mail this registration form with your payment to:

South Carolina Aerospace Conference & Expo - Exhibitors
Continuing Education and Conferences
1705 College Street, Suite 201
Columbia, SC 29201

Make all methods of payment payable to the South Carolina Aerospace Conference & Expo. You may FAX your registration to 803-777-2663.

If you wish to charge your fees, enter your account number and sign below (USC FEIN 57-6001153)

Check VISA MasterCard American Express Discover

IIT (USC Departments Only) Account _____ Fund _____

PLEASE PRINT

The charge on your credit card statement will appear from the University of South Carolina

Name on Card: _____

Cardholder Signature: _____ Date: _____

CVV Number: _____ Card Number: _____ Expiration: _____

Please do not scan and email this form with credit card information. It is not secure and will not be accepted