



# Exhibitor Registration Form & Contract



## Print Oasis 2009

May 17-19, 2009

JW Marriott Desert Ridge Resort & Spa

When completing the following registration form, please **pay particular attention to the spelling of organization and representative names.** This is critical to ensure your company is correctly represented in all conference materials.

**Information should appear exactly as it will be in all conference materials, including name badges. Additional representatives may attend at \$425 each.** Please register your booth representatives by filling in the information on the next page.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Website

\_\_\_\_\_  
Name of Exhibit Coordinator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State/Territory

\_\_\_\_\_  
ZIP/Postal Code Country

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Cell

## Type of Sponsorship

- Year-round Strategic Partner Package. . . . . \$20,000
- Green Strategic Partner . . . . . \$20,000
- Year-round Sponsor Package . . . . . \$8,500
- Sunset Cocktail Reception Sponsor . . . . . \$8,000
- Elegant Poolside Reception Sponsor . . . . . \$8,000
- Keynote Breakfast Sponsor . . . . . \$5,000
- Sustainable Sponsor: Flash Drives . . . . . \$3,500
- Conference Exhibitor . . . . . \$3,000  
*(\$3,500 after 12/31/08)*
- Double Booth Conference Exhibitor . . . . . \$6,000  
*(\$7,000 after 12/31/08)*
- Table-top Exhibitor . . . . . \$2,000
- Fast Fuel Sponsor . . . . . \$1,000
- Badge Lanyard Sponsor . . . . . \$1,000
- Fast & Fascinating Sponsor . . . . . \$500
- Mini-Education Session . . . . . \$350

To ensure the best booth selection, call today to pay by credit card: 703-534-9307. You may also send your completed registration form and payment to Kimberlee Sautter by fax at 703-534-1858 (alternate fax number: 866-797-0587) or mail them to:

**Print Oasis Inc.**  
**2100 North Potomac Street**  
**Arlington, VA 22205**

## Exhibitor Representative Contact Information

Please note that each level of sponsorship will yield a different number of booth representatives and access to events. The descriptions of each level are located in the Exhibitor Prospectus. **You are welcome to add extra representatives for an additional \$425 per rep.**

Please submit contact information on each rep that will be joining us for Print Oasis 2009. **We will be sending updates via email, so be sure to provide addresses below.**

### Representative #1

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Name

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Title

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Email

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Phone

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Cell

### Representative #2

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Name

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Title

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Email

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Phone

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Cell

### Representative #3

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Name

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Title

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Email

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Phone

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Cell

### Representative #4

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Name

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Title

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Email

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Phone

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Cell

**PREFERRED EXHIBIT SPACE:**

Every effort will be made to accommodate your selections. Booth location and sponsorship opportunities, however, are determined on a first-come, first serve basis. **Exhibitors will be contacted to select their booth location in the order that their payment is received.**

**TERMS OF AGREEMENT:** Your signature below signifies you understand and agree to the provisions that will govern Print Oasis 2009. Prices and package benefits are as indicated in "Type of Sponsorship".

All exhibitors are required to keep their booths fully open until the designated dismantle time of 7PM Tuesday evening, 5/19/09, or you will forfeit your right to receive the final

attendee mailing list. **\*NOTE: Profile information must be received by 4/15/09 to be included on the event flash drive.**

**CANCELLATION POLICY:** All cancellations must be made in writing. Cancellations will be accepted minus 50% of the booth price if notice is received in writing by 01/30/09. Unfortunately, we cannot provide refunds after 01/30/09.

**PAYMENT:** Please complete the information below and return this document with your payment. Please make your checks payable to Print Oasis, Inc. and mail to the address below or call the Conference Manager, Kimberlee Sautter, at 703-534-9307 to pay by credit card and fax your registration form to 703-534-1858 (alternate fax: 866-797-0587).

- I will make my check payable to **Print Oasis, Inc.** and mail it to:

Print Oasis, Inc.  
2100 N. Potomac Street  
Arlington, VA 22205

- You may charge the following credit card: American Express    MasterCard    Visa    **(Circle one)**  
(Please mail form to above address or fax to 703-534-1858, alternate fax: 866-797-0587)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Cardholder's Name (as it appears on the card)

\_\_\_\_\_  
Expiration Date (MM/YYYY)

\_\_\_\_\_  
Security Code (4 digits for AmEx, 3 digits for MC/Visa)

\_\_\_\_\_  
Card Holder's Billing Address

\_\_\_\_\_  
City                      State                      ZIP/Postal Code

\_\_\_\_\_  
Country

**IMPORTANT:**

**Please sign and date below to signify you agree with the provisions that will govern Print Oasis 2009, as stated above in the Terms of Agreement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date