



**ANNUAL PROFESSIONAL DEVELOPMENT
 & NETWORKING EVENT
 2011 EXHIBITOR / SPONSOR REGISTRATION FORM**



SELECTION: (please circle): **EXHIBITOR - \$500** **SPONSOR - \$250**

Company Name: _____ Type of Business: _____
 (As you want printed in conference materials)

Street Address: _____ City: _____

State: _____ Zip: _____ Contact Person: _____

Phone: _____ Fax: _____ E-Mail: _____

ATTENDEES: Exhibitors receive admission for 2 representatives / Sponsors receive admission for 1 representative

Attendee #1: _____ Attendee #2: _____
 (As you want printed on name badge) (As you want printed on name badge)

Phone: _____ Cell: _____ Phone: _____ Cell: _____

E-Mail: _____ E-Mail: _____

Exhibitor display will consist of: _____

Exhibitor display will require electricity (please circle): **yes** **no**

I plan to conduct a prize raffle at my Exhibitor display table (please circle): **yes** **no**

I plan to distribute promotional materials (please circle): **yes** **no**

PAYMENT: Please make checks payable to SEPA SHRM & send payment with this form **no later than May 30, 2011.**

SEPA SHRM
 c/o Vikki Dycus
 307 Clearfield Drive
 Lincoln University, PA 19352

SPACE ASSIGNMENT: SEPA SHRM will assign exhibit space locations on a “first come, first served” basis.

LIABILITY: Neither SEPA SHRM, Abington Memorial Hospital, nor its agents or representatives, will be responsible for any injury, loss or damage that may occur to the exhibitor/sponsor or to the exhibitor/sponsor’s employees or property or to the exhibitor/sponsor’s invitees or licensees (visitors to the exhibitor’s exhibit) from any cause whatsoever. Under no circumstances will SEPA SHRM, or its agents or representatives be liable for lost profits or other incidental or consequential damages.

Your signature verifies agreement to the terms & conditions set forth and the above information is accurate and complete.

Exhibitor / Sponsor Signature: _____ Date: _____

Please direct any questions to Denise Lantz at 215-530-9751or sepa-workforce@sepashrm.org.

INTERNAL USE: Date Received: _____ Payment Received: _____ Exhibit Space # Assigned: _____