



UTILITY PRODUCTS
exposition

FEBRUARY 9-11, 2016
ORANGE COUNTY CONVENTION CENTER
WEST HALLS A3 A4 B • ORLANDO, FL
UTILITYPRODUCTSEXPO.COM

EXHIBIT BOOTH STAFF REGISTRATION FORM

Please type or print clearly. The contact name is the authorized representative for your company.

Attending Not Attending Booth Number: _____ Square Feet: _____

Primary Contact: _____ Title: _____

Organization: _____

Address: _____

City, State, Zip: _____ Country: _____

*Phone: _____ *Fax: _____ E-mail: _____

*Please include country and city code

Exhibitors receive (2) complimentary booth staff registrations per booth per 100 sq feet. Each additional booth staff is \$65.00 per person.

Complimentary Exhibit Booth Staff

Name _____ Title: _____

Organization: _____

Address: _____

Address: _____

City, State, Zip: _____ Country: _____

*Phone: _____ *Fax: _____ Email: _____

*Please include country and city code

Complimentary Exhibit Booth Staff

Name _____ Title: _____

Organization: _____

Address: _____

Address: _____

City, State, Zip: _____ Country: _____

*Phone: _____ *Fax: _____ Email: _____

*Please include country and city code

ADDITIONAL EXHIBIT BOOTH STAFF REGISTRATIONS

Additional Exhibit Booth Staff \$65.00
DistribuTECH Exhibitor Delegate Upgrade \$595.00
(circle your choice)

Delegate Lunch \$50.00: Tues. Wed.
(circle your choice)

Name _____ Title: _____

Organization: _____

Address: _____

Address: _____

City, State, Zip: _____ Country: _____

*Phone: _____ *Fax: _____ Email: _____

*Please include country and city code

Fax to: PennWell Registration Department: Direct +1 918 831 9161, Toll-Free (US only): +1 888 299 8057; Email to: registration@pennwell.com





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Name _____ Title: _____
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City, State, Zip: _____ Country: _____
*Phone: _____ *Fax: _____ Email: _____
*Please include country and city code

Total Amount Due \$ _____

Method of Payment:

Check enclosed (in U.S. funds only) - Wire Transfer (Wire information will be provided on invoice)

Credit Card: - Visa - MasterCard - AMEX - Discover

Credit Card Number: _____ Expiration Date: _____

Full Name (as it appears on card): _____

Card Holder Signature: _____ Date: _____

NEED TO REGISTER ADDITIONAL BOOTH STAFF? Copy this form.
Please Fax Completed Form to +1-918-831-9161 or Toll Free 1-888-299-8057
Email completed forms to registration@penwell.com