

**Early Registration is encouraged due to limited availability**

**Company Name (as it should appear on conference website and program book)**

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Website \_\_\_\_\_  
Product or service to exhibit \_\_\_\_\_

**Contact Person (designated as the authorized representative in charge of exhibitor space and is to receive all official correspondence)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Exhibit & Sponsor Fees**

<input type="checkbox"/>	Premier	SOLD OUT			
<input type="checkbox"/>	Platinum	\$17,500	Sponsorship Choice	_____	
<input type="checkbox"/>	Gold	\$7,500	Sponsorship Choice	_____	
<input type="checkbox"/>	Silver	\$5,000	Sponsorship Choice	_____	
<input type="checkbox"/>	Bronze	\$3,000	Sponsorship Choice	_____	
<input type="checkbox"/>	Exhibitor – Booth	\$1,600	Booth # 1 <sup>st</sup> choice	_____ 2 <sup>nd</sup> choice _____	Electrical? Yes* _____ No _____
<input type="checkbox"/>	Exhibitor – Table	\$1,300			*additional charges apply

**Payment Information**

Please make check payable to Association of Chiropractic Colleges and mail to 4424 Montgomery Ave, #202, Bethesda, MD 20814

- Requests will be honored on a first come, first served basis
- Cancellations must be made in writing by January 8, 2018 and are subject to a 50% cancellation fee. No refunds for cancellations after January 8, 2018.
- Payment must be received within 30 days of receipt of application to guarantee availability.
- **Questions? Contact 301-652-5066**

Please send your application to:

Email at [robyn.patkus@chirocolleges.org](mailto:robyn.patkus@chirocolleges.org)  
Fax at +1.301.913.9146  
Mail at 4424 Montgomery Ave, #202, Bethesda, MD 20814

- Premier Sponsors:** Six Conference Registrations
- Platinum Sponsors:** Five Conference Registrations
- Gold Sponsors:** Four Conference Registrations
- Silver Sponsors:** Three Conference Registrations
- Bronze Sponsor** Two Conference Registrations
- Exhibitors:** One Conference Registration, additional conference registration at \$225

**Please provide the person's first name, last name and degree(s).**

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

Registration #1 (Premier, Platinum, Gold, Silver, Bronze Only) \_\_\_\_\_

Registration #2 (Premier, Platinum, Gold, Silver, Bronze Only) \_\_\_\_\_

Registration #3 (Premier, Platinum, Gold, Silver Only) \_\_\_\_\_

Registration #4 (Premier, Platinum, Gold Only) \_\_\_\_\_

Registration #5 (Premier, Platinum Only) \_\_\_\_\_

Registration #6 (Premier Only) \_\_\_\_\_

Exhibitor Registration: \_\_\_\_\_ will this person be attending sessions? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Exhibitor Registration (\$225 fee applies if attending sessions) \_\_\_\_\_

Additional exhibit staff personnel (not attending sessions) \_\_\_\_\_

Additional exhibit staff personnel (not attending sessions) \_\_\_\_\_

- **Questions: 1.301.652.5066**
- **Email: [robyn.patkus@chirocolleges.org](mailto:robyn.patkus@chirocolleges.org)**