



SEPA –WAC 2016

VENDOR

Conference Registration

Organization/Facility:

Name:

Title:

Address:

City: _____ State: _____ Zip: _____

E-Mail:

Phone:

Cell phone (for contact during conference): _____

Is this your first SEPA Conference? _____

SECTION A

VENDOR/DONOR SPONSORSHIP FEES

Level of Sponsorship (Refer to Vendor Information Form)

Level: _____ Amount: \$ _____

Additional Booth Space _____ X \$250 ea Amount: \$ _____

Dome spaces require an additional 3 booth spaces. Limited to three dome spaces provided on a first come, first serve basis.

~~W. A. Gayle Planetarium 50' Dome:~~

~~Purchase of extra dome time (30 min increments). **Limited to one extra slot per vendor.**~~

~~Time _____ X \$750 ea Amount: \$ _____~~

~~20' Show dome in Embassy suites (30 min increments):~~

~~Time _____ X \$175 ea Amount: \$ _____~~

~~**NOTE:** You are purchasing a 30 minute increment, however your film will actually be shown at least TWICE, once in the morning and once in the evening, so in reality you are getting 60 minutes. If you wish to show two or more different films during your allotted time, please ensure you specify your preferences.~~

Conference Bag "stuffing" \$25: Amount: \$ _____

If you would like to have vendor materials included in the Conference Bag, there will be a nominal fee of \$25. Please ensure you provide at least 150 items, not later than May 1st, 2016.

Subtotal of this section \$ _____

SECTION B

VENDOR REGISTRATION

Is your registration included in your sponsorship? (Y)_____ (N)_____
(If yes, then subtotal for this section = \$0.00)

Number of free registrations included in your level of sponsorship?

Print Names of free registrants: _____

Additional conference attendee registration:

_____ Full Conference Registration (X \$145 ea) \$ _____

Print Names of additional registrants:

OR:

Late Registration - After May 1, 2016 (\$175)

_____ Full Conference Late Registrations (X \$175 ea) \$ _____

Print Names of Late registrants:

OR:

(If you are not attending the full conference)

Daily registration (\$75 per day)

Number of days _____ X \$75.00 \$ _____

Number of people _____ (X)

\$ _____

Print Names of Daily registrants:

Subtotal of this section

\$ _____

SECTION C

Association Dues

NOTE: Vendors and their support staff DO NOT have to be members of SEPA in order to attend conference. By virtue of their paid sponsorship they are considered "supporting members".

- SEPA Dues - Full Membership (\$25) \$ _____
- SEPA Associate Membership Dues - (\$15) \$ _____
- SWAP Membership Dues - (\$15) \$ _____
- RMPA Membership Dues - (\$15) \$ _____
- PPA Membership Dues - (\$15) \$ _____
- GPPA Membership Dues - (\$10) \$ _____

Subtotal of this section **\$ _____**



SECTION D

GUESTS: MEALS and TRIPS

Name of Guest (s) : _____

Tuesday, May 31st; Welcome Reception (X \$25) \$ _____

Wednesday, June 1st; Lunch (X \$25) \$ _____

Wednesday, June 1st 2nd Dinner (X \$25) \$ _____

Thursday, June 2nd 3rd; Trip (X\$50) \$ _____

Friday, June 3rd 4th; Lunch (X \$25) \$ _____

Friday, June 3rd 4th Dinner Banquet (X \$50) \$ _____

Subtotal of this section \$ _____

SPECIAL CONSIDERATIONS

Would you prefer all vegetarian meals? _____

Would your guest prefer all vegetarian meals? _____

Please contact Rick Evans directly regarding additional or special dietary needs or other special considerations (wheel chair, hearing impaired etc.) at rlevans@troy.edu , or 334-625-4799.

TOTAL REGISTRATION, DUES, MEALS, AND/OR VENDOR COSTS:

SECTION A: VENDOR SPONSORSHIP FEES \$ _____

SECTION B: VENDOR REGISTRATION \$ _____

SECTION C: ASSOCIATION DUES \$ _____

SECTION D: GUEST MEALS/TRIPS \$ _____

TOTAL \$ _____

Mail your check* payable to SEPA with completed registration form to:

Patsy Wilson, SEPA Treasurer
140 Lyn Road
Salisbury, NC 28147

***Must receive 50% payment by January 15, 2016. Non-payment will forfeit all registrations and vendor sponsorships. Full payment must be received by April 1, 2016. Of course, early full payment with registration will be greatly appreciated.**

Additional Notes:

Please email the following items to Rick Evans rlevans@troy.edu:

- Please provide a brief description of your services. Our intent is to include your company description in a packet we will distribute to our new members. We recognize your time is valuable and we want to ensure the right people get to your booth.
- A high resolution logo to be included in the conference Program, and/or conference banners.