



**SEPA – WAC 2018**  
**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: \$  or N/A

AutoZone Dome at the Sharpe Planetarium 50' Dome:

Purchase of extra dome time (20 min increments up to 50 min. max):

Time \_\_\_\_\_ X \$750 ea. Amount: \$  or N/A

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

Time \_\_\_\_\_ X \$175 ea. Amount: \$  or N/A

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

Conference Bag "stuffing" \$25: Amount: \$  or N/A

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, 2018.

• ***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?   
or N/A

Print Names of free registrants (include yourself):

or N/A

**Additional conference attendee registration:**

#  Full Conference Registration (X \$175 ea.) \$

Print Names of additional registrants:

or N/A

**OR:**

**Late Registration - After May 1, 2018 (\$200)**

#  Full Conference Late Registrations (X \$200 ea.) \$   
or N/A

Print Names of Any Late registrants:


**OR:**

*(If you are not attending the full conference)*

**Daily registration (\$80 per day)**

Print Names of Daily registrants:


Number of people  X Number of days  X \$80.00 \$

• **Subtotal of this section** \$

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Number of people taking Friday Memphis Bus tour (no fee)

## SECTION C: OPTIONAL

### Association Dues

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

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> SEPA Dues – Full Membership (\$25)<br>(Or 2 years for \$40) | \$ | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> SEPA Associate Membership Dues - (\$15)                     | \$ | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> SWAP Membership Dues - (\$15)                               | \$ | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> RMPA Membership Dues - (\$15)                               | \$ | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> PPA Membership Dues - (\$15)                                | \$ | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> GPPA Membership Dues - (\$10)                               | \$ | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div> |

• **Subtotal of this section**

\$



## SECTION D

### MEALS/SPECIAL CONSIDERATIONS

Please note all the meals listed below are provided to you at no additional charge.

**Breakfast:** **Must be a registered guest of the Holiday Inn University Hotel.**

Start your day right with the hot breakfast buffet in the Shelby Room or you may order breakfast from the menu in the hotel restaurant (on the first floor) at your expense.

Tuesday, June 5<sup>th</sup>; Welcome Reception

Name:
Name:
Name:
Name:

**Wednesday Lunch** (Sponsored by \_\_\_\_\_):  
**Pasta Bar** - Minestrone Soup, Caesar Salad, Antipasto Salad, Chicken Penne Pasta Alfredo, Tomato Beef Lasagna, Broccoli & Ziti in Olive Oil, Seasonal Vegetables, Garlic Bread and Bread Sticks, Biscotti, Assorted Italian Desserts, Rolls and Butter, Iced Tea and Coffee.

**Wednesday Dinner** (Sponsored by \_\_\_\_\_): Southern New Potato Salad, Cole Slaw, Tomato-Cucumber Salad, Fresh Sliced Fruit, BBQ Chicken, BBQ Pork Ribs, Rolls and Butter Oven Roasted Potato Wedges, Chef's Vegetable Medley: Carrots, Broccoli, Kentucky Bourbon Pecan Pie, Key Island Lime Pie, or Chocolate Mousse, Iced Tea and Coffee (Regular and Decaf).

**Thursday Lunch:** (Sponsored by \_\_\_\_\_):  
Buffet luncheon includes choice of Mixed Garden Salad and Three Dressings, Antipasto Salad, Tropical Fresh Fruit Salad, Seared Chicken Breast Mardi Gras - Boneless Breast of Chicken with a Mild Cajun Cream Sauce, Southern Catfish Coated with a Crispy Cornmeal Batter then deep fried to a golden brown & served with Tartar Sauce, dessert choice of Banana Cream Pie, Apple Pie, Ice Cream. Buffets Include Rolls and Butter, Iced Tea and Coffee.

**Thursday Dinner:** (Sponsored by \_\_\_\_\_):  
Roast Pork Loin Hawaiian, Roasted Chicken Tarragon, Waldorf Salad, Seafood Salad, *Tossed Green Garden Salad with Dressings*, Pasta Salad, Au Gratin Potatoes, Honey Glazed Carrots, dessert choice of Caramel Apple Pie, Belgium Chocolate Cake, Grand Marnier Mousse. Buffets Include Rolls and Butter, Iced Tea and Coffee.

**Friday Lunch is on your own. Bus tour riders will find restaurants nearby when we stop for free time near Beale Street.**

**Friday Night Banquet (Holiday Inn University Hotel)** (Sponsored by \_\_\_\_\_):

**Options (Select One)**

**Chicken Breast Hudson Valley – An 8 oz. Boneless Breast Stuffed with Apple, Mixed Nuts and Calvados Sauce, Fresh Tossed Garden Salad with Choice of Two Dressings, Potatoes or Rice, Fresh Vegetable, Rolls and Butter, Coffee, Iced Tea and Gourmet Carrot Cake for Dessert.**

**Roasted Sirloin Forestiere - Topped with Forestiere (wild mushroom) Sauce, Fresh Tossed Garden Salad with Choice of Two Dressings, Potatoes or Rice, Fresh Vegetable, Rolls and Butter, Coffee, Iced Tea, and Gourmet Carrot Cake for Dessert.**

**Vegetarian**

Please provide your **registrant** preferences for the banquet:

<b>: ( ) Chicken ( ) Sirloin ( ) Vegetarian</b>
<b>: ( ) Chicken ( ) Sirloin ( ) Vegetarian</b>
<b>: ( ) Chicken ( ) Sirloin ( ) Vegetarian</b>
<b>: ( ) Chicken ( ) Sirloin ( ) Vegetarian</b>

## GUESTS: MEALS and TRIPS

This section is for guests of registrants. Please note that meals and the field trip are included at no charge for registrants who are included in the sponsorship level, or added to the sponsorship.

Please contact Dave Maness directly regarding additional or special dietary needs or other special considerations (wheel chair, hearing impaired etc.) at [david.maness@memphistn.gov](mailto:david.maness@memphistn.gov), or 901-636-2383.

Tuesday, June 5<sup>th</sup>; Welcome Reception

Name:

Name:

Name:

Name:

(X \$25) \$

Wednesday, June 6<sup>th</sup>; Buffett Lunch

Name:

Name:

Name:

Name:

(X \$25) \$



Wednesday, June 6th Dinner

Name:
Name:
Name:
Name:

(X \$25)      \$                     

Thursday, June 2nd; Buffett Lunch

Name:
Name:
Name:
Name:

(X \$25)      \$                     

Thursday, June 2nd; Buffett Dinner

Name:
Name:
Name:
Name:

(X \$25)      \$

Friday, June 8: Lunch

Name:
Name:
Name:
Name:

(X \$25) \$

Friday, June 8th Dinner Banquet

Please provide your **guest** preferences for the banquet

: ( ) <b>Chicken</b> ( ) <b>Sirloin</b> ( ) <b>Vegetarian</b>
: ( ) <b>Chicken</b> ( ) <b>Sirloin</b> ( ) <b>Vegetarian</b>
: ( ) <b>Chicken</b> ( ) <b>Sirloin</b> ( ) <b>Vegetarian</b>
: ( ) <b>Chicken</b> ( ) <b>Sirloin</b> ( ) <b>Vegetarian</b>

(X \$50) \$

• Subtotal of this section

\$

\*\*\*\*\*  
**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 \$

Precedence in booth choices is determined by the order of the receipt of your registration (the written commitment of support level) to be followed by your check to the SEPA Secretary/Treasurer.

Mail your check payable to SEPA: Patsy Wilson, SEPA Treasurer, 140 Lyn Road, Salisbury, NC 28147

Then email completed registration form to: [southeasternplanetariums@gmail.com](mailto:southeasternplanetariums@gmail.com)

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**Additional Notes:**

Conference Shirt(s) 1 per: list number and sizes

S, M, L, XL, XXL, XXXL

Will *registrant* require transportation at the conference? Respond for each needed.

:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
:	<input type="checkbox"/> Yes	<input type="checkbox"/> No