

**2009 Annual Convention
28 – 30 July 2009
Atlanta, Georgia
Exhibitor Registration Form**



All exhibit personnel working your booth are required to register via this form.

Any additional exhibitor registrations not included with your sponsor packages will be charged \$730 per person.
(Please write legibly—this information will be used for exhibitor badges)

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Web site: _____

Logistics Coordinator: _____ Email: _____

Item(s) sponsored: _____

No. registrations included with sponsorship: _____

Primary Exhibitor: (Included with sponsorship)

First Name: _____ Last Name: _____

Title: _____

Phone: _____ Email: _____

Additional Personnel: Included with sponsorship Additional personnel (\$730)

First Name: _____ Last Name: _____

Title: _____

Phone: _____ Email: _____

Additional Personnel: Included with sponsorship Additional personnel (\$730)

First Name: _____ Last Name: _____

Title: _____

Phone: _____ Email: _____

PAYMENT INFORMATION:

My check is on the way in the amount of \$US _____

Please charge my credit card (circle one: Visa, MasterCard, American Express)

Card Number: _____ Exp. Date: _____ Amount: \$US _____

Please print name of cardholder: _____

Authorized Signature: _____ Date _____

Return Form via Mail, Fax, or Email to:
Business Development & Membership Dept.
Destination Marketing Association International
2025 M St. NW, Ste. 500
Washington, DC USA 20036
+1.202.296.7888 +1.202.296.7889 (fax)
Lauren@destinationmarketing.org

*Photocopy form as needed for
additional personnel*