

EXPO: JULY 18 - 19 | McCORMICK PLACE, CHICAGO

Thank you for exhibiting at **Campus Technology 2017**. Your company is entitled to ONE FREE Full Conference Pass for each booth. The designated complimentary registrant for your booth is invited to attend general sessions and breakout sessions. **Complimentary Exhibitor Registrations are only for your employees.**

**DUE: FRIDAY,  
JULY 14, 2017**

### 2 Easy Ways to Register



Online:  
[www.CampusTechnologyConferences.com/exhibit\\_resource.html](http://www.CampusTechnologyConferences.com/exhibit_resource.html)



Fax completed form to: 561-622-2423

#### Registration Policies and Procedures

- Do NOT register as an Exhibitor any representatives from your company who are speaking at this conference.
- Your Complimentary Exhibitor Badge(s) may be picked up on-site at the registration counter.
- Each request for substitutions, additions or changes after Friday, July 14, 2017, may be subject to a \$25 nonrefundable administrative fee.
- A \$25 nonrefundable administrative fee may be charged to replace any lost badge.

**Questions? Please call 1-800-727-1227 or email [conferences@lrp.com](mailto:conferences@lrp.com).**

Please type or print clearly all requested information.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Booth #: \_\_\_\_\_

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Each 10' x 10' booth rental entitles your company to register up to 4 employees to staff your booth. **Booth Personnel Registrations are only for your employees.** Booth Personnel Badges permit entrance to the Expo Hall only, and not to general sessions or breakout sessions.

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- A \$25 nonrefundable administrative fee may be charged to replace any lost badge.

### Please type or print clearly all requested information.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Telephone: \_\_\_\_\_ Booth #: \_\_\_\_\_

See next page >

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Booth #: \_\_\_\_\_

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If more than 4 Booth Personnel will be staffing your booth, you will need to purchase additional Booth Personnel Badges (\$25 each) for those employees. These badges permit entrance to the Expo Hall only. **Additional Booth Personnel Badges are only for your employees.**

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to: 561-622-2423

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**Please type or print clearly all requested information.** Please photocopy this form for any additional booth personnel.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

Booth #: \_\_\_\_\_

**Complete the  
next page**



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## Page 2

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Additional Booth Personnel Fee:

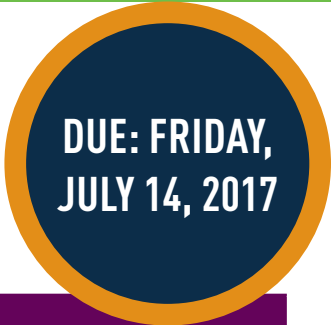
Rate	No. of Registrants	Total Due
<b>\$25 each</b>		
<b>CHARGE MY CREDIT CARD:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER		
CARD #:		EXP. DATE:
SECURITY CODE: (3-digit code on back of Visa, MasterCard, Discover or 4-digit code on front of AmEx)		
NAME: (as it appears on card)		
CREDIT CARD BILLING ADDRESS: / STREET:		
CITY:	STATE:	ZIP:
CARDHOLDER'S PHONE:	CARDHOLDER'S SIGNATURE:	

### Credit Card Processing Policy:

Credit card payments are processed upon receipt. ANY CREDIT CARD PAYMENT CHANGES will result in an administrative fee.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Booth #: \_\_\_\_\_

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As a thank you for exhibiting at the **24th Annual Campus Technology Conference & Expo**, your company is entitled to the lowest available conference registration rates for your staff to attend sessions. Your Full Conference Pass gives you access to all general sessions and breakout sessions. **Discounted registrations are for your employees only.**

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 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Discounted Exhibitor Full Conference Pass Registration Fee: \$525

<b>CHARGE MY CREDIT CARD:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER		
CARD #:	EXP. DATE:	
SECURITY CODE: (3-digit code on back of Visa, MasterCard, Discover or 4-digit code on front of AmEx)		
NAME: (as it appears on card)		
CREDIT CARD BILLING ADDRESS: (If different from above)		STREET:
CITY:	STATE:	ZIP:
CARDHOLDER'S PHONE:	CARDHOLDER'S SIGNATURE:	

#### Cancellation Policy:

Substitutions may be made at any time with no penalty. Cancellations received in writing on or before June 16, 2017, will receive a refund minus an administrative fee of \$150. Refunds will be processed following the conference. Cancellations received after June 16, 2017, will not be refunded. Unpaid cancellations for the Campus Technology 2017 Conference & Expo will be billed for the appropriate fee. No-show registrations will not be refunded. Please email any requests for refunds or substitutions to [conferences@lrp.com](mailto:conferences@lrp.com). LRP reserves the right to cancel the conference due to lack of registrations. In case of conference cancellation, LRP's liability is limited to the refund of the conference registration fee only. LRP reserves the right to alter this program without prior notice.

#### Credit Card Processing Policy:

Credit card payments are processed upon receipt. ANY CREDIT CARD PAYMENT CHANGES will result in an administrative fee.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Booth #: \_\_\_\_\_