

DRI 2018

The Professional's Conference

Conference: February 11 - 14
 Expo: February 11 - 13
 Gaylord Opryland Resort
 Nashville, TN

Exhibitor Registration

Exhibitor Badge Allotment

Exhibitor Staff Badge: Based on exhibit space size; 3 per 8 x 10 exhibit space. Includes access to the Expo and food functions in the Expo Hall.

Exhibitor Conference Badge - Based on exhibit space size; 1 per 8 x 10 exhibit space. Includes access to the Expo Hall, Educational Sessions and the Awards Gala. One additional per 8 x 10 at a reduced rate of \$795. Additional Exhibitor Conference Badges can be purchased at the prevailing rate.

Awards Gala - Tickets to the Awards Gala can be added to Exhibitor Staff Badges at \$125 each.

Company _____ Booth _____
 Contact _____ Ph _____
 Email _____ Fax _____

Exhibitor Staff Badge (if more than 3 needed, complete multiple forms)

Name	Email
1 _____	_____
2 _____	_____
3 _____	_____

Exhibitor Conference Badge (One complimentary Conference Badge per 8 x 10 exhibit space)

Name	Email	Cost
1 _____	_____	\$ 0.00
Attending Awards Gala <input type="checkbox"/> Yes <input type="checkbox"/> No If attending Awards Gala, please select a plate option <input type="checkbox"/> Chicken <input type="checkbox"/> Beef <input type="checkbox"/> Vegetarian Food Allergy/Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Seafood Allergy <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Dairy Free <input type="checkbox"/> Wheat Free <input type="checkbox"/> Gluten Free <input type="checkbox"/> Kosher <input type="checkbox"/> Diabetic <input type="checkbox"/> Other _____		

Name	Email	Cost
2 _____	_____	\$ _____
Attending Awards Gala <input type="checkbox"/> Yes <input type="checkbox"/> No If attending Awards Gala, please select a plate option <input type="checkbox"/> Chicken <input type="checkbox"/> Beef <input type="checkbox"/> Vegetarian Food Allergy/Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Seafood Allergy <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Dairy Free <input type="checkbox"/> Wheat Free <input type="checkbox"/> Gluten Free <input type="checkbox"/> Kosher <input type="checkbox"/> Diabetic <input type="checkbox"/> Other _____		

Name	Email	Cost
3 _____	_____	\$ _____
Attending Awards Gala <input type="checkbox"/> Yes <input type="checkbox"/> No If attending Awards Gala, please select a plate option <input type="checkbox"/> Chicken <input type="checkbox"/> Beef <input type="checkbox"/> Vegetarian Food Allergy/Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Seafood Allergy <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Dairy Free <input type="checkbox"/> Wheat Free <input type="checkbox"/> Gluten Free <input type="checkbox"/> Kosher <input type="checkbox"/> Diabetic <input type="checkbox"/> Other _____		

REGISTER

Online: www.driconference.org
 Fax: 630.271.8234
 Questions: Bernice Alcantar
 P: 630.271.8230
 E: balcantar@rocehibitions.com

Total Cost _____
 Payment Information (complete if there is an amount due)

Credit Card: Visa MC AMEX
 Name on Card _____
 Card # _____ Exp _____
 Billing Zip Code _____ CVV/Sec Code _____
 Cardholder Signature _____