

EXHIBITOR REGISTRATION FORM

92nd Colloid and Surface Science Symposium **June 10–13, 2018**

We hereby contract for an exhibit booth at the **92nd Colloid and Surface Science Symposium** to be held at **The Penn Stater Hotel and Conference Center**, State College, Pennsylvania.

We understand that exhibit space cannot be reserved without payment in full.

The exhibit booth fee of \$2,500 includes up to two (2) exhibitors, one 110-volt outlet, a draped booth, one skirted table, two chairs, trash receptacle, signage, and conference materials. Free wireless Internet is available on-site by connecting to the AT&T Wi-Fi network and opening a web browser. Additional requirements, such as extra furniture, electrical, audiovisual, etc., will be at an extra charge via Hospitality Services (phone 814-863-5047 by **Friday, June 1**). Also included are the regular conference meals, receptions, refreshment breaks, and the Tuesday evening symposium banquet.

The fee for each **additional exhibitor** at a booth is **\$500** and includes all meals previously specified and conference materials. *Each exhibitor must wear a conference name badge throughout the conference.*

Spectrum Associates is the official contractor for **ALL drayage/shipment of materials**. See drayage order form on the conference website at <http://colloids2018.org>.

The exhibit booths will be located in the large lobby/hallway near the plenary sessions and lunches to maximize visibility for all exhibitors.

Booth sign (COMPANY NAME) should read: _____.

Company website address: _____.

Registration Fee

Exhibit Booth (includes 2 exhibitor representatives) # _____ @ \$2,500 each = _____

Additional Exhibitors at Booth # _____ @ \$500 each = _____

Additional Booth (includes 2 exhibitor representatives) # _____ @ \$2,500 each = _____

Additional Exhibitors at Additional Booth # _____ @ \$500 each = _____

Total fees: _____

PAYMENT, IN FULL, MUST ACCOMPANY THIS CONTRACT.

Company contact person: _____

Email: _____

Penn State will use this email address to communicate with me about all programs for which I register. This email address will also be used to communicate logistical information regarding the program.

Date: _____ Executed by (signature): _____

Primary Exhibitor

1) Name: _____

(Enter exhibitor's name as you would like it to appear on your name badge.)

Email _____

Penn State will use this email address to communicate with me about all programs for which I register. This email address will also be used to communicate logistical information regarding the program.

First name _____ Last name _____

Special dietary needs/accommodations (if none, leave blank) _____

Company name: _____

Business address: _____

City, State, ZIP code: _____

Business or home phone no.: _____ Fax: _____

Primary Exhibitor's PSU ID no. _____ (if you do not have a PSU ID, you may supply your SSN*)

***Providing your Social Security Number is optional.** *The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services — such as transcripts, enrollment verification, tax reporting, and financial aid — may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only as a primary source to identify you within the Penn State system; the Penn State ID will be used as the primary identifier.*

Additional Exhibitor(s):

2) Name: _____

(Enter exhibitor's name as you would like it to appear on your name badge.)

Email _____

Penn State will use this email address to communicate with me about all programs for which I register. This email address will also be used to communicate logistical information regarding the program.

First name _____ Last name _____

Penn State ID no. (if you do not have a PSU ID, you may supply your SSN) _____

Special dietary needs/accommodations (if none, leave blank) _____

Company name: _____

Business address: _____

City, State, ZIP code: _____

Business or home phone no.: _____ Fax: _____

3) Name: _____

(Enter exhibitor's name as you would like it to appear on your name badge.)

Email _____

Penn State will use this email address to communicate with me about all programs for which I register. This email address will also be used to communicate logistical information regarding the program.

First name _____ Last name _____

Penn State ID no. (if you do not have a PSU ID, you may supply your SSN) _____

Special dietary needs/accommodations (if none, leave blank) _____

Company name: _____

Business address: _____

City, State, ZIP code: _____

Business or home phone no.: _____ Fax: _____

4) Name: _____

(Enter exhibitor's name as you would like it to appear on your name badge.)

Email _____

Penn State will use this email address to communicate with me about all programs for which I register. This email address will also be used to communicate logistical information regarding the program.

First name _____ Last name _____

Penn State ID no. (if you do not have a PSU ID, you may supply your SSN) _____

Special dietary needs/accommodations (if none, leave blank) _____

Company name: _____

Business address: _____

City, State, ZIP code: _____

Business or home phone no.: _____ Fax: _____

Payment

Your payment, in full, must accompany your registration form. The Pennsylvania State University's federal ID number is 24-6000376.

- Enclosed is a check or money order for the amount indicated, signed and payable to The Pennsylvania State University.
- Enclosed is a purchase order (made payable to The Pennsylvania State University) or letter of authorization from my employer or sponsoring organization.
- IDCC — Penn State employees only to &NCR. Document number _____
- Personal credit card
- Business credit card
- Credit card: May be mailed or faxed.
 - American Express
 - MasterCard
 - Visa
 - Discover

Cardholder's name (please print) _____

Cardholder's signature _____

Cardholder's phone number _____

Credit card billing address (no. and street, or box no.) _____

City _____ State _____

ZIP code _____ Country _____

Credit card number _____ Exp. date (month/year) _____

(Credit card charges cannot be processed without signature and expiration date.)

Send All Registration Pages to:

Conferences and Institutes Registration
The Pennsylvania State University
Box 410
State College PA 16804-0410

Phone: 814-867-4973

Fax: 814-863-2765