

51

Years of Sophisticated Innovations



REGISTRATION FORM

BAKER GORDON EDUCATIONAL SYMPOSIUM

3225 Aviation Avenue, Suite 100 | Coconut Grove, FL 33133

Telephone (305) 859-8250 | Fax (305) 854-3423

THE FIFTY-FIRST ANNUAL BAKER GORDON EDUCATIONAL SYMPOSIUM February 9th, 10th and 11th, 2017

Name of Company: _____

Convention Coordinator-Marketing Mgr.: _____

Name of Contact Person _____

*** (to be printed in Official Program)**

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax#: _____

Email Address: _____

** Names of representatives to be submitted later in January, 2017.*

All representatives must register on site. No one will be allowed into Exhibit Area without a badge.

** Registration for exhibitors will open on Wednesday, February 8th from 2:00 p.m. to 9:00 p.m.*

Booth Information:

Inline:

_____ 10 x 10 booth(s) \$1600.00 each 100 sq. ft.
(Number)

Island Booths:

_____ 20 x 20 booth(s) \$4,800.00 each 400 sq. ft.
(Number)

_____ 20 x 30 booth(s) \$5,500.00 each 600 sq. ft.
(Number)

Exhibitors/products not wanted in close proximity (if possible):

Exhibitors/products preferred in close proximity (if possible):

Continued



REGISTRATION FORM *(Continued)*

Products to be displayed at meeting:

Important: (Include brief description of your products/services for the Official Program)

Do you require electrical service? Yes No

(Separate fee for electrical service to be charged by Edlen Electrical Service during meeting).

Confirmation of registration will be sent to you within ten days. Please contact us if this confirmation is **not** received. A letter will follow with information regarding the program, shipping forms, and other meeting material to assist in planning for your participation, including all forms from our exhibition contractor, Expo Conventions. **Booth Assignments will not be available until the beginning of January, 2017, and your company will be notified by mail or fax.**

Make check payable to: **Baker Gordon Educational Symposium**

OR send credit card authorization by mail/fax to:

Mary Felpeto

Baker Gordon Educational Symposium
3225 Aviation Avenue, Suite 100
Coconut Grove, FL 33133

Telephone (305) 859-8250

Fax#: (305) 854-3423

A check made payable to **Baker Gordon Educational Symposium** is enclosed.

Credit card authorization is as follows.

Check one: Visa MasterCard American Express

Account Number: _____

3-digit security code _____ Exp. Date: _____

Cardholder Name: _____

Signature: _____