53 Years OF EDUCATIONAL EXCELLENCE

REGISTRATION FORM

BAKER GORDON EDUCATIONAL SYMPOSIUM

3225 Aviation Avenue, Suite 100 | Coconut Grove, FL 33133
Telephone (305) 854-8828 | Fax (305) 854-3423

THE FIFTY-THIRD ANNUAL BAKER GORDON EDUCATIONAL SYMPOSIUM
February 6th, 7th and 8th, 2019

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, 2019.*
   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 6th from 2:00 p.m. to 8:30 p.m.

Booth Information:
Inline:

_____ 10 x 10 booth(s) $1,700.00 each   100 sq. ft.
(Number)

Island Booths:

_____ 20 x 20 booth(s) $5,000.00 each   400 sq. ft.
(Number)

_____ 20 x 30 booth(s) $5,800.00 each   600 sq. ft.
(Number)

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

_____

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

_____

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, 2019, 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   Telephone (305) 854-8828
3225 Aviation Avenue, Suite 100   Fax#: (305) 854-3423
Coconut Grove, FL 33133

❑ 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: _____