

Additional Exhibitor Registration Form



APRIL 14-16, 2020 | HYATT REGENCY DALLAS – REGISTRATION DEADLINE: APRIL 2

USE THIS FORM IF PAYING BY CHECK OR CREDIT CARD

ADDITIONAL EXHIBITOR REGISTRATION	SPOUSE/GUEST SOCIAL EVENT FEES
<p>DEADLINE: APRIL 2</p> <p>Exhibitor Registration Fee – \$275 x _____</p> <p style="text-align: center;">EVENT FEE</p> <p><input type="checkbox"/> Golf – \$100 x _____ list your handicap _____</p>	<p><i>Please mark each event attending</i></p> <p><input type="checkbox"/> Wednesday Reception – \$40</p> <p><input type="checkbox"/> Thursday Luncheon – \$60</p> <p><input type="checkbox"/> Thursday Reception – \$40</p>

Total Number Attending: _____

Total Amount Enclosed: _____

REGISTRATION INFORMATION MUST BE COMPLETE (*please type or print legibly*). Conference registration fee is per person and includes program, conference syllabus, conference tote bag, refreshments, two breakfasts, one luncheon, two receptions and full access to the Trade Show. If you require assistance or have special dietary needs, please contact the conference office.

TYPE OR PRINT NAME AS IT WILL APPEAR ON BADGE (*use separate sheet for any additional attendees*)

Name 1: _____ Name 2: _____

Title: _____ Title: _____

Name 3: _____ Name 4: _____

Title: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Email: _____

MAIL CHECKS WITH REGISTRATION FORM TO:

TORCH Spring Conference, 3309 Forest Creek Drive, Unit 305, Round Rock, TX 78664-6168

Make checks payable to TORCH Spring Conference

THIS REGISTRATION IS FOR EXHIBITORS ONLY. To help us plan properly and ensure optimal processing of conference materials, complete and submit your registration as early as possible. You may pay by check or credit card. **If paying by credit card, complete the form on the back.** Cash is accepted for on-site registration only (receipts will be provided). Your registration cannot be processed without payment in full. Registrants unable to attend may send an alternate; please notify TORCH of any changes prior to the event. **For cancellation, notify us in writing prior to April 2, 2020.** Refunds, minus a \$50 processing fee, will be available for notices received by this date. No refunds will be issued for cancellations received after this date. TORCH reserves the right to cancel or reschedule the event if deemed necessary; or should a situation beyond the control of TORCH arise to prevent holding the conference, TORCH will not be held liable for any expenses incurred by the registrants, except for the registration fee, which would be refunded. **An additional fee of \$25 will apply for on-site vendor badge substitutions.**

CREDIT CARD INFORMATION

Total amount paid: _____ Date: _____

Name as it appears on card: _____

PERSON AUTHORIZED TO CHARGE: *Company and/or individual*

First name: _____ Last name: _____

Card type: VISA MasterCard American Express Discover

Card number: _____

Security code: _____ Expiration date: _____
(3-digit # on back of card, 4-digit on front of AMEX)

Signature authorizing charge: _____

Email address: _____ Phone: (____) _____

BILLING ADDRESS: *Please enter the following information exactly as it appears on your credit card statement*

Address: _____

City: _____ State: _____ ZIP: _____



TYPE OR PRINT NAME AS IT WILL APPEAR ON BADGE FOR ADDITIONAL ATTENDEES

Name 5: _____

Title: _____

Name 6: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____