

Road Safety & Simulation Conference 2019
Iowa City, Iowa
October 14-17, 2019
Exhibitor Registration Form

Company Name _____

Company Representative _____

Additional Representatives Attending: _____

Mailing Address _____

City _____ State _____ Zip Code _____

Country _____

Phone _____ Email _____

Exhibitor Registration - \$1,000

Please note that each exhibitor registration comes with **one complimentary full conference registration.*

Additional representatives may work in the exhibitor booth, but must pay additional fees to attend conference sessions, the Welcome Reception, and Gala Dinner.

One 8'x10' exhibitor space with table (included with exhibitor fee)

Electricity: \$50

\$ _____ Total

Exhibitor Additional Fee – If you would like to attend a workshop or technical tour, please note your selection below.

Workshop & Technical Tours: \$50

Workshops – Please select one:

Simulation Boot Camp

Human Factors

Automated Vehicles

Exhibitor Events – Please indicate which events you plan to attend. Please indicate the number attending.

Monday, 14 October 2019 Welcome Reception: \$50

Tuesday, 15 October 2019 Lunch

Wednesday, 16 October 2019 Lunch Gala Dinner: \$50

Thursday, 17 October 2019 Lunch

Complimentary Conference Attendee Information

Name: _____ Email Address: _____

Complimentary Conference Attendee Additional Fees - If your complimentary conference attendee would like to attend a workshop or technical tour, please note his/her selection below.

Workshop & Technical Tours: \$50

Workshops – Please select one:

Simulation Boot Camp

Human Factors

Automated Vehicles

Complimentary Conference Attendee Events – Please indicate which events your complimentary conference attendee plans to attend.

Monday, 14 October 2019 Welcome Reception (included with complimentary conference registration)

Tuesday, 15 October 2019 Lunch

Wednesday, 16 October 2019 Lunch Gala Dinner (included with complimentary conference registration)

Thursday, 17 October 2019 Lunch

Additional Conference Attendees

Please prepare a separate conference registration form each additional conference attendee.

Payment Information

Exhibitor Fees \$ _____

Workshop & Technical Tours (exhibitor & complimentary conference attendee) \$ _____

Exhibitor Event Fees (Welcome Reception & Gala Dinner) \$ _____

Total Amount Enclosed \$ _____

UI TAX ID: 42-600-4813

I will pay by: A check made out to: UI Center for Conferences

Credit Card: Visa MasterCard Discover American Express

Card Number: _____ - _____ - _____ - _____

Expiration Date (MM/YY): _____ 3 Digit Code: _____

Name on Card: _____

Billing Address of Cardholder: _____

Return Completed Form and Payment To:

Mail The UI Center for Conferences
 Attention: Leah Baas
 250 Continuing Education Facility
 Iowa City, IA 52242

Fax: 319-335-4039

Phone: 319-335-4141

EXHIBIT HOURS: Tuesday, 15 October – Thursday, 17 October, 8:00 AM – 5:00 PM