



REGISTRATION INFORMATION: To Be Completed By the Organizational Point of Contact (POC)

First Name _____ MI _____ Last Name _____
 Job Title _____ Email Address _____
 Organization Name _____
 Address _____
 City _____ State _____ Zip Code _____ + 4 (Zip Code) _____
 Business Telephone () _____ (☐ if TTY, please check) Fax No. () _____
 Company/Agency Tax ID Number _____

EXHIBITOR TEAM INFORMATION: Only complete this section if different than the POC above.

First Name _____ MI _____ Last Name _____
 Job Title _____ Email Address _____
 First Name _____ MI _____ Last Name _____
 Job Title _____ Email Address _____
 First Name _____ MI _____ Last Name _____
 Job Title _____ Email Address _____

EXHIBITOR PACKAGES:

Exhibitor Options	Select Qty	Exhibitor Package Cost	Amount Due
Deluxe Exhibitor Package		\$1,400	
Exhibitor Package		\$1,250	
Additional Meal Ticket		\$435	
Total Payment Due			

PAYMENT INFORMATION: For payment by credit card, complete the information below. For payment by check, enclose the check with this registration form. All payments can be made electronically on-line.

Payment Method: _____ Credit Card Type: _____
 Credit Card Number: _____ Expiration Date: (MM/YY): _____
 Security Code REQUIRED: _____ Cardholder E-Mail Address: _____
 Name on the Credit Card: _____ Signature: _____

By Completing This Registration Form, You Agree to All Applicable Institute Policies

2013 EXCEL Conference Exhibitor Registration Policies & Procedures

REGISTRATION: TWO WAYS TO REGISTER

1. **MAIL** your registration application with payment to: “**Registration Processing Office**”
EEOC Training Institute, 6501 Red Hook Plaza, Suite 201, St. Thomas, Virgin Islands 00802

2. **FAX** your registration form with credit card payment to: **(703) 787.8090**. Checks **MUST BE** payable to the: **EEOC Training Institute**

REGISTRATION QUESTIONS:

Call: **1(866) 446-0940** or **1(800) 828-1120** (TTY) using the Virginia Relay Service

E-mail: eeoc.traininginstitute@eeoc.gov

CONFIRMATION: Exhibitors will receive an e-mail or fax confirmation **only** upon completion of the registration form **and** receipt of payment.

BILLING POLICY: Substitutions for meal tickets are permitted at any time prior to the start of the Conference. If you cancel your registration on or before August 9, 2013, your fee will be refunded minus a \$100 processing fee. If you cancel on or after August 12, 2013, you will be responsible for the full fee.

PAYMENT INFORMATION Payment by credit card OR electronic check is preferred.

OTHER POLICIES:

HOTEL ARRANGEMENTS: Lodging is **not covered** by the conference registration fee. Exhibitors are responsible for their own hotel and travel arrangements. You may use this link to book your hotel room on-line,

<https://www.starwoodmeeting.com/Book/excel2013>

CONTACT INFORMATION:

If you have any questions regarding the Exhibitor packages or other exhibitor related issues, please contact the EXCEL Exhibitors Committee:

Mary M. Tiernan, Program Analyst
Phone: 215- 440-2671
E-mail: mary.tiernan@eeoc.gov

or

Bryan White, Program Analyst
Phone: 212-336-3670
E-mail: bryan.white@eeoc.gov