

Sponsored By:



2016 CAI-NJ Annual Conference & Expo
ADDITIONAL BOOTH REPRESENTATIVE
REGISTRATION FORM
Wednesday, October 26, 2016
Garden State Exhibit Center
50 Atrium Drive, Somerset, NJ 08873



Please note: CAI-NJ only reviews CAI designations, certifications, and accreditations for validity and current status. Registrants are advised that each individual company is solely responsible for the content they provide on registration forms including all designations, certifications, accreditations and licenses by the company or the individual employee.

Please type or print company name in block letters exactly as it should appear on name badges and advertising or signage.

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: () _____ Fax: () _____

E-mail: _____ Website: _____

Authorized Company Representative (Complimentary, included with booth): _____

Please list the name, company and designations of all attendees. (Example: John Smith, AMS, CMCA, PCAM, Conference & Expo Property Management) Attach additional forms if necessary. The cost of each additional booth representative is \$25.00. Ultimate Partners receive unlimited booth representatives at no charge.

- 1. _____ 5. _____ 9. _____
2. _____ 6. _____ 10. _____
3. _____ 7. _____ 11. _____
4. _____ 8. _____ 12. _____

of Additional Reps _____ x \$25.00 = \$ _____ Total

I am an Ultimate Partner and receive unlimited booth representatives at no charge (check if applicable).

Private Party Policy: All hospitality suites and hosted events must be reserved and paid for through CAI-NJ. Hospitality suites and hosted events are not permitted during official conference activities. Non-exhibiting companies are not permitted to host events the evening before or the day of the official conference.

PAYMENT OPTIONS:

Payment by Check

Mail form with check payable to:

CAI-NJ

Attn: 2016 Conference & Expo
500 Harding Road
Freehold, NJ 07728

Questions: Contact Angela Kavanaugh at (609) 588-0030 or email expo@cainj.org.

Payment by Credit Card

Please fax your signed application with payment to (609) 588-0040.

- Visa Mastercard Discover American Express

Cardholder Name: _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Cardholder Signature: _____

Cardholder acknowledges receipt of goods and/or services in the amount of the grand total shown herein and agrees to perform the obligations set forth in the cardholder's agreement with the credit card issuer.

(For CAI-NJ office use only.):

Exp: _____