

# EXHIBITOR REGISTRATION FORM

## Transportation Engineering and Safety Conference Exhibitor Registration Form December 9 – 11, 2009

This form may be duplicated for additional registrations. Please print in ink or type. Return to Penn State by October 30, 2009 to ensure your company's participation.

Primary Contact Person's Last name \_\_\_\_\_ First name \_\_\_\_\_

Company Name (**AS IT SHOULD APPEAR IN PRINT**) \_\_\_\_\_

Business mailing address (no. and street or box no.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Preferred daytime phone no. (local or cell) \_\_\_\_\_ Fax no. \_\_\_\_\_

Email address \_\_\_\_\_

Please link our website to your conference website. Our URL is: \_\_\_\_\_

To link our conference to your site, use <http://www.outreach.psu.edu/conference/transportation>

### The optional workshops available, if any, you would like to attend:

- A. Alternative Intersections and Interchanges--\$75 (Wednesday 8 a.m. —noon)
- B. Vehicle/Pavement Surface Interaction: Impact of Friction on Crash Rates & Crash Reductions -- \$75 (Wednesday 8 a.m. —noon)
- C. Technically Linking Land Use & Transportation -- \$75 (Wednesday 8 a.m. —noon)
- D. SimCap Calibration -- \$75 (Wednesday 8 a.m. —noon)
- E. Current State of Traffic Signal Technology -- \$75 (Wednesday 8 a.m. —noon)

### Exhibitor # 1: (Attending Conference)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Penn State ID no. or Social Security no.\* \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred daytime phone no. (local or cell) \_\_\_\_\_ Fax no. \_\_\_\_\_

Optional, preconference workshops:  A  B  C  D  E  None

Will you attend lunch on: Wednesday  Yes  No Thursday  Yes  No

## EXHIBITOR REGISTRATION FORM (PAGE 2)

### Exhibitor # 2:

\_\_\_\_\_  
Last name First name Middle initial

\_\_\_\_\_  
Penn State ID no. or Social Security no.\*

\_\_\_\_\_  
Birth date (month/day/year) E-mail

\_\_\_\_\_  
Preferred daytime phone no. (local or cell) Fax no.

Optional, preconference workshops:  A  B  C  D  E  None

Will you attend lunch on: Wednesday  Yes  No Thursday  Yes  No

### Exhibitor #3 (Additional \$150.00)

\_\_\_\_\_  
Last name First name Middle initial

\_\_\_\_\_  
Penn State ID no. or Social Security no.\*

\_\_\_\_\_  
Birth date (month/day/year) E-mail

\_\_\_\_\_  
Preferred daytime phone no. (local or cell) Fax no.

Optional, preconference workshops:  A  B  C  D  E  None

Will you attend lunch on: Wednesday  Yes  No Thursday  Yes  No

#### Location Preference:

(Location is secured on a first come, first serve basis)

Outside the Conference Center

First Floor Lobby Area

First Floor Break Area

Second Floor Top of Steps

Second Floor Break Area

Place my company next to : \_\_\_\_\_

#### DOOR PRIZES

\_\_\_\_\_ We will provide a door prize item.

Item(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### FEES

\_\_\_\_\_ \$620.00

Exhibitor Fee (includes 2 comp registrations, one 6' skirted table with two chairs)

\_\_\_\_\_ \$150.00

Extra Exhibitor Fee

\_\_\_\_\_ \$ 40.00

Extra Skirted table (If requesting more than one exhibit table, please include **diagram** for placement of tables.)

\_\_\_\_\_ \$ 75.00

Pre-Conference Workshop

For additional services, including electric, please complete the **Audio Visual & Electric Service** form and mail it along with payment to the address on the AV form. **DO NOT INCLUDE THE AV PAYMENT WITH THIS PAYMENT.**

\$\_\_\_\_\_ **Total Payment**

## EXHIBITOR REGISTRATION FORM (PAGE 3)

### METHOD OF PAYMENT

Your payment, in full, must accompany your registration form. Penn State's federal ID number is 24-6000376.

Enclosed is a check payable to Penn State.

Enclosed is a purchase order payable to Penn State or letter of authorization from my employer or sponsoring organization.

**Please mail this form with payment and the signed *Agreement for Exhibitor* to:**

CONFERENCES & INSTITUTES REGISTRATION  
THE PENNSYLVANIA STATE UNIVERSITY  
BOX 108  
STATE COLLEGE PA 16804

*Refunds:* Refunds will be issued for cancellation if we receive your notification in writing at least fifteen working days prior to the first day of the conference. Send your written notice by fax to 814-863-5190 or by e-mail to [ConferenceInfo1@outreach.psu.edu](mailto:ConferenceInfo1@outreach.psu.edu). A \$50 administrative fee will be charged for all cancellations. Anyone who is registered but cannot attend may send a substitute.

*Cancellations:* The University may cancel or postpone any course or activity because of insufficient enrollment or other unforeseen circumstances. If a program is canceled or postponed, the University will refund registration fees but cannot be held responsible for any other related costs, charges, or expenses, including cancellation/change charges assessed by airlines or travel agencies.

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The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services--such as transcripts, enrollment verification, tax reporting, and financial aid--may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only as a primary source to identify you within the Penn State system; the Penn State ID will be used as the primary identifier.