

SMART 2018 REGISTRATION FORM

SMART 2018 ANNUAL CONVENTION | MARCH 10-13 | W HOTEL | FT. LAUDERDALE, FL

PLEASE TYPE OR PRINT information as you want it to appear on your badge. PLEASE USE ONE FORM PER REGISTRANT.

Photocopy form for additional registrants. Payment must accompany this form! *Please print clearly.*

Online registration is available by logging into the members only section on the SMART website (www.smartasn.org)

Name & Title _____ Badge name _____

Company _____

Address _____

Email _____ Phone _____

Emergency contact person (Full Name) _____

Relation to Attendee _____ Phone _____

Is this your first time attending the SMART Annual Convention? ☐ Yes ☐ No

Please complete this section if your spouse is attending.

Spouses in the industry must complete a separate form and will be charged the Additional Member Representative Rate.

Spouse full name _____ Badge name _____

Email _____ First time attending the SMART Annual Convention? ☐ Yes ☐ No

SPONSORSHIP OPPORTUNITIES (check box)

- ☐ Breakfast Sponsor (Monday or Tuesday) \$300
- ☐ Lunch Sponsor (Monday or Tuesday) \$550
- ☐ Welcome Networking Reception Sponsor (Sunday) \$800
- ☐ Closing Networking Reception Sponsor (Tuesday) \$800
- ☐ WiFi Sponsor \$1,100
- ☐ Tabletop Exhibit (add-on with above sponsorship commitment) \$300
- ☐ Tabletop Exhibit (without a sponsorship) \$600

SPONSORSHIP TOTAL \$ _____

*See the enclosed
information sheet for
a detailed description
of each sponsorship
opportunity.*

Event	Earlybird	Regular	Total
Member Representative	\$995	\$1,045	\$
Additional Member Representative	\$795	\$845	\$
Spouse/Companion Registration (not in industry*)	\$500	\$550	\$
Closing Reception (no charge if registered for convention)	<input type="checkbox"/> Check box if attending		
SUBTOTAL	\$		\$
ADD SPONSORSHIP TOTAL (from above)	\$		
GRAND TOTAL (Add totals from attendee + spouses + sponsorship)	\$		

** If you are in the industry and select this option, you will automatically be charged the additional member rate.*

Payment: ☐ Check (payable to SMART) ☐ VISA ☐ MasterCard ☐ AmEx

Card # _____ CVV _____ Exp. Date _____

Cardholder Name _____

Cardholder Address (if different from above) _____


Signature (will not be processed unless signed) _____

**EARLYBIRD DEADLINE:
JANUARY 10, 2018**

**ALL REGISTRATIONS RECEIVED AFTER
JANUARY 10, 2018 WILL BE CHARGED THE
REGULAR RATE.**

Registration Fees: The registration fee covers all business sessions, conference materials and scheduled meal functions.

Cancellation Policy: All cancellations must be in writing. No refunds will be made after February 6, 2018. Cancellations prior to February 6 will be charged a \$50 administrative fee.

 **Please indicate any dietary restrictions or disability requirements below.** We can only provide access if we have prior knowledge. Please note some dietary needs may result in additional charges.