

# PORTS '19

## Connect. Innovate. Transform.

### Exhibitor Registration Form September 15-18, 2019 Pittsburgh, Pennsylvania

**All Exhibit Registration forms must be submitted by August 22, 2019.**

Each exhibiting company is entitled to:

- One (1) Full Exhibitor Registration – **Complimentary**
- One (1) Exhibit Hall Only Registration – **Complimentary**
- Two (2) Additional Exhibit Personnel Registrations - **\$300 each by 8/22/19 or \$400 each after 8/22/19**

***Please note these registrations are per individual and are not exchangeable between staff.***

**Full Exhibitor Registration** will receive:

- One (1) Name Badge
- One (1) Ticket to the Icebreaker Welcome Reception (Sunday)
- One (1) Ticket to the Exhibit Hall Luncheon (Monday)
- One (1) Ticket to the Awards Luncheon (Tuesday)
- One (1) Ticket to the Gala Dinner (Tuesday)
- One (1) Ticket to the Exhibit Hall Luncheon (Wednesday)
- One (1) Copy of the Proceedings
- Access to all technical sessions
- Access to all breaks in the Exhibit Hall

**Exhibit Hall Only Registration** will receive:

- One (1) Name Badge
- One (1) Ticket to the Icebreaker Welcome Reception (Sunday)
- One (1) Ticket to the Exhibit Hall Luncheon (Monday)
- One (1) Ticket to the Exhibit Hall Luncheon (Wednesday)
- Access to all breaks in the Exhibit Hall

**Additional Exhibit Personnel Registration** (Includes Refreshment breaks, Exhibit Hall Luncheons, and Icebreaker Reception): Register up to (2) people for \$300 each by 8/22/19, or \$400 each after 8/22/19.

Any additional tickets for events may be purchased below, at the price of the ticket. Please mark the appropriate box for event for which you wish to purchase a ticket.

**Full Exhibitor Registration:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Nickname for Badge \_\_\_\_\_ Credentials \_\_\_\_\_

Job Title \_\_\_\_\_ Company/Organization \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Special Needs/Requirements \_\_\_\_\_

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### Exhibit Hall-Only Registration:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Nickname for Badge \_\_\_\_\_ Credentials \_\_\_\_\_  
Job Title \_\_\_\_\_ Company/Organization \_\_\_\_\_  
Street Address/PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Special Needs/Requirements \_\_\_\_\_

### Additional Exhibit Personnel - \$300 each by 8/22/19 or \$400 each after 8/22/19 (Maximum of 2 per both):

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Nickname for Badge \_\_\_\_\_ Credentials \_\_\_\_\_  
Job Title \_\_\_\_\_ Company/Organization \_\_\_\_\_  
Street Address/PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Special Needs/Requirements \_\_\_\_\_

### Additional Exhibit Personnel - \$300 each by 8/22/19 or \$400 each after 8/22/19 (Maximum of 2 per both):

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Nickname for Badge \_\_\_\_\_ Credentials \_\_\_\_\_  
Job Title \_\_\_\_\_ Company/Organization \_\_\_\_\_  
Street Address/PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Special Needs/Requirements \_\_\_\_\_

### Special Events/Additional Tickets:

- |   |       |
|---|-------|
| <input type="checkbox"/> Icebreaker Welcome Reception (Sunday) Qty: _____ | \$75  |
| <input type="checkbox"/> Exhibit Hall Luncheon (Monday) Qty: _____        | \$60  |
| <input type="checkbox"/> Awards Luncheon (Tuesday) Qty: _____             | \$60  |
| <input type="checkbox"/> Gala Dinner (Tuesday) Qty: _____                 | \$175 |
| <input type="checkbox"/> Exhibit Hall Luncheon (Wednesday) Qty: _____     | \$60  |

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**Payment Information:** Please complete if paying by credit card (check appropriate boxes):

AMEX Visa MasterCard Diners Club Discover

Amount \$ \_\_\_\_\_ Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ SEC Code \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

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