



2009 DM Days New York Conference & Expo
 June 16-18, 2009
 Jacob K. Javits Convention Center
 New York, NY

REGISTRATION DEADLINE: June 9, 2009

EXHIBIT PERSONNEL REGISTRATION & HOUSING FORM BOOTH # _____

Please read the registration, hotel reservations & cancellation policies before completing this form.

IMPORTANT!! This form must be completed in order to register all booth personnel. The Exhibit Space Application registers your company as an Exhibitor; it does not register staff for badges.

EXHIBIT PERSONNEL: Exhibitors receive four (4) complimentary and up to two (2) additional paid Exhibitor registrations per every 100 square feet of contracted space. Exhibitors who purchase the Turnkey Package in the featured category pavilions receive two (2) complimentary and one (1) additional paid Exhibitor registration. The additional Exhibitor registrations are offered at a reduced fee of \$549.50 Member / \$649.50 Non-Member. These "Exhibitor" badges include admittance to the exhibit hall, as well as conference general and concurrent sessions. **Any personnel registered above the allotted exhibitor registrations, will be subject to the full conference registration fee.**

Exhibit Personnel badges will be available for pick up onsite at the exhibitor registration area.

Company Name: _____

Contact Name: _____

Company Address: _____

City/State/Zip/Country: _____

Telephone: () _____

Fax: () _____

* All confirmations for exhibitor personnel will be sent to the email address provided below.

E - Mail: _____

If your DMA Membership is under another company name, please indicate the company name: _____

If your company is a DMA member, please provide your membership number: _____

PAYMENT INFORMATION: Registrations without full payment will not be processed.

Check payment type:

American Express Discover MasterCard VISA Check # _____

Total amount to registration fees \$ _____ (including all registration fees, tickets and council events)

Credit Card Account number: _____ Expiration Date _____

Cardholder' Name (as it appears on card) _____

Cardholder's Signature _____

Please return Registration forms by June 9, 2009 to:

The DM Days New York Registration Bureau

Fax: 708.344.4444

OR: General Post Office

PO Box 27152

New York, NY 10087-7152

For questions or inquiries, please contact the DM Days Registration Bureau:

1.866.486.0734 (US) or 708.486.0734 or email dmdays09@compusystems.com

Company: _____

Exhibitor Personnel Name: _____ **Title:** _____

Complimentary Exhibit Personnel

Please do not print the above name in the exhibit personnel listing

Special Needs*

Exhibitor Personnel Name: _____ **Title:** _____

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Special Needs*

Exhibitor Personnel Name: _____ **Title:** _____

Additional Paid Exhibit Personnel: DMA Member \$549.50

Additional Paid Exhibit Personnel: Non-Member \$649.50

Please do not print the above name in the exhibit personnel listing

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Exhibitor Personnel Name: _____ **Title:** _____

Additional Paid Exhibit Personnel: DMA Member \$549.50

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Special Needs*