



Los Angeles
Business Travel Association
210 N Glenoaks Blvd.
Suite C
Burbank, CA 91502

Tel: 818.848.5578 Fax: 818.843.7423

2015 Annual Education Day and Supplier Showcase Wednesday, March 11, 2015

Location:
The Proud Bird
11022 Aviation Blvd
Los Angeles, CA 90045

Dedicated Showcase Hours:
7:30 a.m. - 8:30 a.m. (set-up)
8:30 a.m. - 9:30 a.m.
11:10 a.m. - 11:50 a.m.

Education Day Sessions
9:30 am - 11:10 am
11:50 am - 1:00 pm (lunch)
1:00 pm - 3:00 pm

Mail completed Registration with
Payment IN FULL to:

LABTA Supplier Showcase
210 N Glenoaks Blvd Ste C
Burbank, CA 91502

Registrations paid by Credit Card
may be FAXED to:
818.843.7423

For more information on this
exciting event or about LABTA,
please contact:

labta@emaoffice.com

or visit our website

www.LABTA.org

Supplier Showcase Registration Form - Deadline: February 27, 2015

Please type or print clearly.

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____
E-Mail _____

Exhibitor Registration Fees:	Traditional Table-Top
LABTA Member	\$750
GBTA Chapter Members (not a member of LABTA) ..	\$750
Non-Members (not a member of any GBTA Chapter) .	\$850

Table top locations will be assigned on a first-come, first-served basis.

This registration form must be accompanied by full payment. Only one company name will be displayed per table top. If you have any questions regarding this event, please call the LABTA office at 818.848.5578.

Registration includes:

- Table-top space consisting of one draped table and 2 chairs
- Logo and name recognition on LABTA website for the months of February and March, as well as on all Education Day email announcements
- Logo display and name recognition at Education Day event
- One banner ad in the Cvent CrowdCompass meeting app provided free to event attendees
- One registration for the full Education Day event (\$125 value)
- PLUS, one corporate guest registration for the full Education Day event (\$125 value)

Payment Information:

Enclosed is my check, payable to Los Angeles Business Travel Association for:

_____ Table-top(s) @ \$_____ each \$_____

Representative Attending
Name _____
Title _____
E-mail _____

Corporate Guest Attending
Name _____
Company _____
E-mail _____
Phone _____

Grand Total = \$_____

I wish to pay by (check one) _____ Check no. _____ CC (Visa/MC/AMEX/Diners)

CC Number: _____ Exp. Date _____ V Code: _____
V Code is the 3 digit code found on back of credit card or the 4 digit code on the front of AMEX cards

Billing Zip: _____ Billing Street No.: _____

Name on Card: _____ Signature: _____



Cancellation Policy

- A 50% refund if request is received in writing before February 27, 2015.
- No refunds will be issued after February 27th.

Thank you in advance for your participation contribution.