



STAFDA's Tech Pavilion

October 29 (Noon — 6:00 p.m.) &
October 30 (10:30 a.m. — 4:00 p.m.)

Phoenix Convention Center

Remit to: STAFDA P.O. Box 44 ♦ 500 Elm Grove Rd., Ste. 210, Elm Grove, WI 53122
FAX: 262/784-5059 ♦ cusher@stafda.org

Company Name: _____

Key Contact Name: _____

Mailing Address: _____

City, State/Prov., Zip/Postal Code: _____

Website: _____

Email: _____ Phone: _____

Exhibitor Fee: **\$799.00 (U.S.)** Fee must accompany registration form. \$ _____

- Check enclosed made payable to STAFDA (U.S. funds)
- Credit Card
 - American Express
 - Discover
 - MasterCard
 - Visa

Number: _____
 Exp. Date: _____ Security Code: _____
 Cardholder: _____
 Billing Address: _____
 Signature: _____

Attendees (Up to four per company may attend):

Job Title	First Name	Last Name	Email Address

Please list your primary competitor(s) so STAFDA can assign tables accordingly:

Questions? Please contact the STAFDA office at 262/784-4774 ♦ 800/352-2981 or email Cathy Usher cusher@stafda.org.