



EXHIBITOR REGISTRATION FORM

Booth Number:

Exhibiting Company Name _____

Exhibiting Company Contact: _____ First Name _____ Last Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____ Email _____

Company Employees/Representatives to be Registered:

First Name _____ Last Name _____ With-in allotment \$0 Over allotment \$100

First Name _____ Last Name _____ With-in allotment \$0 Over allotment \$100

First Name _____ Last Name _____ With-in allotment \$0 Over allotment \$100

First Name _____ Last Name _____ With-in allotment \$0 Over allotment \$100

First Name _____ Last Name _____ With-in allotment \$0 Over allotment \$100

First Name _____ Last Name _____ With-in allotment \$0 Over allotment \$100

Total Fees \$ _____ (U.S. Dollars)	
Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number _____	Expiration Date _____
Cardholder Signature _____	Name as it appears on Card (Please Print) _____

Registration cancellations must be submitted in writing to the IMW Registration Center by **August 13, 2019** to receive a refund less a \$150 processing fee. All requests must include a brief description of the reason for cancelling. Refunds will not be granted after **August 13, 2019**. Refunds will appear as a credit on the credit card account within four weeks.