



November 8 & 9, 2007
 Rosen Centre Hotel
 Orlando, FL

EXHIBITOR INFORMATION

Exhibit booth space measures 8' x 10' and includes one exhibitor registration badge, a booth sign, pipe and drape for back and side rails, 6' table, 2 chairs and a waste basket. The Rosen Centre ballroom is completely carpeted. There is a flat fee of \$749 per exhibitor. Additional exhibit staff, if necessary, are allowed at a cost of \$200 each. **Limit of 2 additional paid staff per exhibit space. IMPORTANT:** A maximum of three (3) booth staff are allowed in each 8' x 10' space at any given time. Greater numbers may be a distraction to neighboring booths. Exhibitor name and description is to be included in the IBHS conference directory. Freeman will handle all materials and any other needs you may have. All meals, breaks and the reception will take place in the Exhibit Area.

Hotel rooms are available at the Rosen Centre Hotel at a discounted IBHS rate. Reservations can be made directly with ROSEN CENTRE HOTEL by calling (800) 204-7234. Please refer to the Institute for Business & Home Safety group rate when making your reservation. The cut-off day for the Institute for Business & Home Safety discounted group rate is October 16, 2007.

Please contact Joy Whaley at (813) 675-1050 or jwhaley@ibhs.org with any questions.

SPONSORSHIP OPTIONS

A. OPENING LUNCH	11/8/07 @ 12:00 PM – 1:00 PM	\$ 3,500	SOLD
B. BREAK	11/8/07 @ 2:30 PM – 3:00 PM	\$ 1,500	SOLD
C. ALL ATTENDEE RECEPTION	11/8/07 @ 5:00 PM – 6:00 PM	\$ 3,500	SOLD
D. BREAKFAST	11/9/07 @ 7:00 AM – 8:00 AM	\$ 3,500	
E. BREAK	11/9/07 @ 10:15 AM – 10:30 AM	\$ 1,500	SOLD
F. LANYARDS	Will be given to every attendee	\$ 2,000	SOLD
G. NOTEPAD	Will be given to every attendee	\$ 1,500	SOLD
H. PEN	Will be given to every attendee	\$ 1,000	SOLD

Sponsorship includes: One exhibit booth, one exhibitor registration badge, Signage & Listing in IBHS Conference Directory & on IBHS Website.

Booth Staff Information (\$749, unless sponsorship is selected):

_____ Name/Title	_____ Phone Number
_____ Company/Organization	_____ Fax Number
_____ Street Address	_____ E-Mail
_____ City/State/Zip Code	_____ Fee

Additional Booth Staff Information (\$200 each):

_____	_____
Name/Title	Phone Number
_____	_____
Company/Organization	Fax Number
_____	_____
Street Address	E-Mail
_____	_____
City/State/Zip Code	Fee

_____	_____
Name/Title	Phone Number
_____	_____
Company/Organization	Fax Number
_____	_____
Street Address	E-Mail
_____	_____
City/State/Zip Code	Fee

Please provide 50 words or less of copy for your company listing in the 2007 conference directory; please be sure to include your Website address.

Sponsorship Information:

I would like to be a sponsor for the following, please check appropriate sponsorship selection.

A. SOLD B. SOLD C. SOLD D. _____ E. SOLD F. SOLD G. SOLD H. SOLD

Payment Method:

Check: _____ American Express: _____ Mastercard: _____ Discover: _____ Visa: _____		
Total amount to be billed to card:		\$ _____
Card #		Expiration Date:
Name on Card:		Signature:
CC Billing Address:		
City:	State:	Zip:
Provide email address if you'd like a receipt emailed to you:		_____

Fax completed forms with credit card information to (813) 286-9960, or mail check payments to: IBHS, 4775 E. Fowler Avenue, Tampa, FL 33617, Attn: Laura Lockhart at (813) 675-1049 for additional information.