



**PLUMBING-HEATING-COOLING
CONTRACTORS ASSOCIATION***
Best People. Best Practices:

CONNECT 2019

PRODUCT & TECHNOLOGY SHOWCASE

OCT. 2-3, 2019

Indiana Convention Center

EXHIBITOR BOOTH PERSONNEL REGISTRATION

Contact Information

Company Name: _____

PHCC Membership ID #: _____ Primary Contact: _____

Telephone: _____ *Fax: _____

*E-mail: _____ Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Exhibitor Registration Policies

Exhibitors are entitled to one (1) complimentary Showcase registrations per 10' x 10' booth. Additional representatives may register for a fee. Showcase registration includes the Opening Reception on Wed., Oct. 2 and the Showcase on Thurs. Oct. 3.

Booth Personnel may also attend the full meeting at the special rate of \$440. (\$540 after 8/31). Registration includes all education sessions, Showcase, opening and closing receptions.

Cancellations: Registration cancellations must be received by Sept. 5, 2019. After Sept. 5, a 50% processing fee will be charged. On-site registration and substitutions will be assessed a \$30 handling fee. Cancellations must be in writing.

Please select booth size:

10' x 10' (1 comp registration) 10' x 20' (2 comp registrations)

Fees:

| Quantity | Before 8/31 | After 8/31 | Amount |
|----------------------------------|-------------|------------|----------|
| _____ Booth Personnel/Full Mtg. | @ \$440 | @ \$540 = | \$ _____ |
| _____ Add'l Reps (Showcase Only) | | @ \$230 = | \$ _____ |

TOTAL PAYMENT: \$ _____

Payment: All payments in U.S. dollars and on a U.S. Bank

Check Enclosed Payable to "PHCC" or Please charge my: Visa AmEx MC

Please call for credit card number.

Name on Credit Card: _____

Exp. Date: _____ Date: _____

Billing Address (if different than above): _____

Signature: _____

Exhibitor Booth Personnel

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| _____ FIRST NAME | _____ FIRST NAME | _____ FIRST NAME | _____ FIRST NAME |
| _____ LAST NAME | _____ LAST NAME | _____ LAST NAME | _____ LAST NAME |
| _____ BADGE NAME | _____ BADGE NAME | _____ BADGE NAME | _____ BADGE NAME |
| _____ CITY, STATE | _____ CITY, STATE | _____ CITY, STATE | _____ CITY, STATE |

All badges will be available for pick-up at the registration desk under the company name. To ensure your badges are ready for you on-site, please submit your registration forms to PHCC no later than **September 5, 2019**.

Return this form by clicking the Submit Form button below or send via E-mail: connect@naphcc.org, Fax: (703) 237-7442

or Mail: PHCC, Attn: Showcase, 180 S. Washington Street, Suite 100, Falls Church, VA 22046

QUESTIONS? Contact PHCC at (800) 533-7694, (703) 237-8100 or connect@naphcc.org

SUBMIT FORM