



November 12, 2009

Baltimore Convention Center

REGISTRATION FORM

Or register on-line at: www.allianceforbiz.com

Complete the registration form and mail or fax with your payment today! Please print or type. This registration form, when executed by both parties, shall constitute a binding agreement/contract. Payment is required in full (except government agencies requiring a purchase order) to reserve space.

BUSINESS OR AGENCY: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

WEB ADDRESS: _____

CHOOSE USER NAME: _____

CHOOSE PASSWORD: _____

Name _____ E-Mail _____

Name _____ E-Mail _____

Name _____ E-Mail _____

Name _____ E-Mail _____

▶ TYPE OF BUSINESS: Check all that apply:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> SB | <input type="checkbox"/> WOB | <input type="checkbox"/> Construction |
| <input type="checkbox"/> SDB | <input type="checkbox"/> 8(a) | <input type="checkbox"/> Service |
| <input type="checkbox"/> VOSB | <input type="checkbox"/> HUBZone | <input type="checkbox"/> Supply |
| <input type="checkbox"/> SDVOSB | <input type="checkbox"/> Large Business | <input type="checkbox"/> IT |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Government | <input type="checkbox"/> Arch/Eng |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Other |

NAICS CODES _____

▶ EXHIBITOR FEE: Includes an approximate 8' x 10' booth space, drapery, table, 2 chairs, and 2 attendee registrations: continental breakfast and lunches, admission to all workshops, directory, electronic list of all participants and **8-10 guaranteed MatchMaking Meetings**. Additional personnel are \$150 each.

▶ ATTENDEE REGISTRATION FEE: Includes: workshops, continental breakfast, directory, lunch and trade show and **4-5 guaranteed MatchMaking Meetings**. Early registration must be postmarked & paid in full by October 9, 2009.

▶ CANCELLATION/REFUNDS: Cancellations, if received in writing, will be accepted until October 9, 2009 with a refund minus 30% (of total due) handling fee. No refunds will be granted after October 9, 2009. Name substitutions are gladly accepted at any time.

▶ PAYMENT: Enter total payment due in the box at the right. Payment must be enclosed. Requests on this form cannot be processed without credit card information or payment by check with the exception of a Government P.O. Please make payable to **ShoWorks, Inc.** Send to: **SHOWWORKS, INC 1205 N. NAPA, SPOKANE WA 99202, phone (877)421-8476, fax (509) 838-2838, email showworks@showworksinc.com**

REGISTRATION: full payment, exclusive of government PO, must accompany this registration form)

EXHIBIT SPACE: (includes 2 registrations)

Business/Corporate Booth:

Now thru Oct 9 - \$650 \$ _____
 After Oct 9 - \$695 \$ _____

Government Booth

Now thru Oct 9 - \$450 \$ _____
 After Oct 9 - \$495 \$ _____

Additional booth personnel ___ @ \$150 each \$ _____

MATCHMAKING TABLE REGISTRATION

- YES, we would like to HOST a MatchMaking Table
 Government Host – No Charge
 Prime Contractor Host – Please register as an attendee BELOW.

ATTENDEE REGISTRATION (per person)

Subtract \$25 if you DO NOT want lunch included

_____ @ \$150 thru 10/9/09 \$ _____
 _____ @ \$185 thru 11/06/09 \$ _____
 _____ @ \$225 after 11/06/09 \$ _____

ADVERTISING/SPONSORSHIP

Logo Link	\$200	\$ _____
Breakfast Sponsor	\$1500	\$ _____
Afternoon Break Sponsor	\$1000	\$ _____
Quarter Page – E Directory	\$225	\$ _____
Half Page – E Directory	\$350	\$ _____
Full Page – E Directory	\$525	\$ _____
Bag Inserts	\$400	\$ _____

TOTAL DUE: \$ _____

____ I have attached a 50 word description of my company/agency.

PAYMENT INFORMATION:

Visa MC AE Check
 Credit Card Number: _____

Address Where Statement is sent, include zip code (if different from contact information).

Exp. Date _____ Last 3/4 #'s (security code) _____

Name on Card: Please Print _____

Signature: _____