



VENDOR REGISTRATION FORM

*Atlanta Workplace 2015 – Friday, Feb 20, 2015 from 7:30am till 4pm
The Premiere Conference for Building Professionals in Metro Atlanta
Loudermilk Center, 40 Courtland Street NE, Atlanta, GA 30303*

Maximize Your Exposure: Get access to 200 – 300 building professionals from three participating organizations at one event: IFMA Atlanta, USGBC-GA, IIDA-GA.

Lots of Face Time: The exposition is between all class rooms and the main dining hall. There are several periods of time devoted exclusively to exploring vendor tables. With a limit of 35 tables, professionals won't be overwhelmed, and you will have an opportunity to meet everyone.

Act now! Space is EXTREMELY limited. There are only 25 spaces remaining. Don't miss out!

Registration for Exposition Table:

Please mark your selections below and e-mail to lisa@ahqi.com

Registration for Booth: \$650	-	_____
Additional Person (includes lunch/breakfast): \$45	-	_____
Electrical Connection for Booth: \$50	-	_____

There are only 35 total spots available in the exposition. An attendee list with all attendees' names and companies will be provided to vendor participants.

Vendor Set-Up Meeting will be held one week prior to the event. Vendors will be encouraged to come and see their assigned space and get set up/breakdown instructions.

Set-up will be available late-afternoon the day before.

Other Sponsorship Opportunities:

~~SOLD Lunch Sponsor (includes table) —\$2,100 / One available~~

_____ Breakfast Sponsor (includes table) - \$1200 / One available

_____ Breakout Sessions (Does not include table, but does include 1 lunch) - \$600 / Nine available

_____ Giveaways with your logo (shared space with other logos) on it - \$500 / Six available

_____ Headshot Photography Sponsor - \$600 / One available

Company Name: _____

Total Commitment (add all totals above): \$_____

Company _____

Contact: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP _____ E-Mail _____

Person(s) Attending: _____

Payment: Check _____ (enclose with registration form)

AMEX _____ VISA _____ M/C _____ Amount to be charged _____

Card# _____ Exp Date _____ Billing Zip Code _____

Name on Card: _____ Signature: _____

(Credit card charge will indicate "AHQI-IFMA or Association Headquarters")

Make checks payable to IFMA Atlanta, and mail to: 665 Red Oak Road, Stockbridge, GA 30281

OR, if paying by credit card, please fax to 404-768-7767.

Call Association Headquarters at 404-766-1632 if you have questions or need more information.