

\_\_\_\_\_

**Instructions:** Complete this form in its entirety and **mail the form** to EduSerc, Inc. 1040 West Street Laurel MD 20707 or **fax the form** to 301-362-4360.

**1) Individual & Organization Information**

1a Full name

1b Organization Name

1c Job Title / Occupation (if applicable)

1d Mailing Address (room, apt, suite no, P.O. box)

1e City, State, Zip Code

1f County or municipality

1g Phone

1h Fax

1i Email

**2a) General Exhibit / Information Booth Option**  
(includes registration for two people)

i) Type

Business  Non Profit

ii) Full Name – Exhibitor #1

iii) Full Name – Exhibitor #2

**2b) Booth Activities / Interactive Hands On Demos**

Please describe the demonstrations & booth activities you will have:

**Exhibit Setup Times**

**Exhibit Hours (each day):**  
Oct 1, 2 - 11:30am – 3:00pm  
Oct 3 – 10:00am – 1:00pm

**Setup / Breakdown**  
6am – 8:30am  
1pm – 3pm

**3) Referral Code** (please enter referral code if applicable)

**4) Target Audiences**

- Elementary Students    Middle/High School Students    College Students    Adults / Parents    Schools / School Systems  
 Businesses / Corporations    Industry Professionals    Other

**5) Career Industries** (check all that apply)

- |   |  |   |                                      |  |
|---|--|---|--------------------------------------|--|
| <input type="checkbox"/> Architecture         | <input type="checkbox"/> Cosmetology   | <input type="checkbox"/> Finance                | <input type="checkbox"/> Journalism  | <input type="checkbox"/> Social / Human Services |
| <input type="checkbox"/> Arts & Entertainment | <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Government             | <input type="checkbox"/> Law / Legal | <input type="checkbox"/> Sports                  |
| <input type="checkbox"/> Automotive           | <input type="checkbox"/> Education     | <input type="checkbox"/> Healthcare             | <input type="checkbox"/> Military    | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Business             | <input type="checkbox"/> Engineering   | <input type="checkbox"/> Hospitality            | <input type="checkbox"/> Non Profit  |  |
| <input type="checkbox"/> Communications       | <input type="checkbox"/> Fashion       | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Real Estate |  |

**6) What types of resources and/or information will you providing at your table(s)?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Job / Internship / Career Opportunity | <input type="checkbox"/> Hands-On Experience             | <input type="checkbox"/> Summer Program / After School Program Info |
| <input type="checkbox"/> Networking Contacts / Candidates      | <input type="checkbox"/> Scholarship / College Info      | <input type="checkbox"/> Mentors / Role Models / Tutors             |
| <input type="checkbox"/> Career Plan Assistance                | <input type="checkbox"/> Workforce Development Solutions | <input type="checkbox"/> Financial Aide / Financial Mgmt Assistance |
| <input type="checkbox"/> Economic Dev. Solutions               | <input type="checkbox"/> Personal Development Training   | <input type="checkbox"/> Professional Development Training          |
|  |  | <input type="checkbox"/> Other                                      |

**7) Registration Details**

Select The Conference Day(s) You Are Exhibiting:

- Oct 1 – Annual Workforce & Economic Development Conference (AWEDC)**  
(Industry Prof. / Corporations/ Non Profits General Community)
- Oct 2 – Annual Career & Professional Development (Part 1) (ACPDC)**  
(Industry Prof. / Corporations / General Community  
Non Profits / Schools / Colleges / Youth)
- Oct 3 - Annual Career & Professional Development (Part 2) (ACPDC)**  
(General Community)  
Young Innovators Competitions & Expo

**8) Registration Fee**

Rate	Business	Non Profit	High Schools	Total
<input type="checkbox"/> 1 Day Rate (Oct 1, Oct 2 or Oct 3)	\$500	\$350	Free	_____
<input type="checkbox"/> 2 Day Rate (Any two consecutive days)	\$900	\$600	Free	_____
<input type="checkbox"/> Full Rate	\$1300	\$850	Free	_____

**Total Registration Fee:** \_\_\_\_\_

**Method of Payment**

- American Express    Master Card    Visa    Check / Money Order (Make Payable to EduSerc, Inc.)

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Billing City/State/Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Billing Phone: \_\_\_\_\_