

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):	Setup / Breakdown
Oct 1, 2 - 11:30am – 3:00pm	6am – 8:30am
Oct 3 – 10:00am – 1:00pm	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) (ACPD)**
 (Industry Prof. / Corporations / General Community
 Non Profits / Schools / Colleges / Youth)
- Oct 3 - Annual Career & Professional Development (Part 2) (ACPD)**
 (General Community)
 Young Innovators Competitions & Expo

8) Registration Fee

Rate	Neighborhood		City	
	Business	Non Profit	Business	Non Profit
<input type="checkbox"/> 1 Day Rate (Oct 1, Oct 2 or Oct 3)	\$7,000	\$5,500	\$12,000	\$9,000
<input type="checkbox"/> 2 Day Rate (Any two consecutive days)	\$12,000	\$9,000	\$18,000	\$14,000
<input type="checkbox"/> Full Rate	\$18,000	\$14,000	\$28,000	\$22,000

Please check the box above and list the total registration fee below

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: _____