

**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 301-498-0944. Remit the calculated registration and annual membership fee (if applicable) in the form of a check or money order payable to EduSerc, Inc.

**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 9, 10 11:30am – 3pm  
Oct 11 10:00am – 3pm

**Setup / Breakdown Info (each day):**

6am – 8:30am / 4pm – 7pm

**3) Target Audiences**

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

**4) 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 |  |

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

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

**6) Registration Details**

**Select The Conference Day(s) You Are Exhibiting:**

- Oct 9 – Workforce Development  
(Industry Prof. /Corporations/ Gen. Com)  
 Oct 10 – Career & Prof. Development  
(Sec. Schools / College / Educators)  
 Oct 11  
 Young Innovators Competitions & Expo  
 The Educators Serving the Community Awards  
Fundraiser & Show

**7) Registration Fee**

| Rate  | Business | Non Profit | High Schools | Total |
|---|----------|------------|--------------|-------|
| <input type="checkbox"/> 1 Day Rate<br>(Oct 9, Oct 10 or Oct 11)  | \$500    | \$350      | Free         | _____ |
| <input type="checkbox"/> 2 Day Rate<br>(Any two consecutive days) | \$900    | \$600      | Free         | _____ |
| <input type="checkbox"/> Full Rate                                | \$1300   | \$850      | Free         | _____ |
| <b>Total Registration Fee:</b>                                    |          |            |              | _____ |

**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: \_\_\_\_\_