



12th ANNUAL MARITIME CAREER DAY
Thursday, May 6th, 2010
8:30 am – 3:00 pm

EXHIBITOR REGISTRATION FORM

Our organization wishes to sign up for the following:	
<input type="checkbox"/> One six-foot table	\$300
<input type="checkbox"/> Two six-foot tables	\$400
<input type="checkbox"/> Three six-foot tables	\$500

- In addition to table/booth space, exhibitors will receive a continental breakfast, a box lunch, event advertising, and wonderful opportunities for high school, community college, and industry networking.
- Visiting vessels moored in the Bell Street Marina, demonstrations, and speakers are key aspects to Career Day. If you have a vessel and are able to accommodate visitors, moorage facilities will be made available free of charge and booth fees may be waived. If you are able to provide a demonstration or speak in our speaker series, booth fees may also be waived.
- Please complete this form and return as soon as possible to reserve your space. All registrations and payments must be received by **5/1/10**.

If you have any questions, please contact Cassandra Sandkam at 206-269-4108 or csandkam@MaritimeEventCenter.com

Organization: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

of Participants: _____ Names for Badges: _____

Booth Requests: Signage Requirements. Please describe and indicate how you would like your sign(s) to read:

Chair(s) # _____

Power to booth

Vessel Moorage

Name of Vessel: _____ Vessel Length: _____

We are able to provide a demonstration.

I am interested in having a representative participate in your Speaker Series.

We will not be able to join you, but we have enclosed our contribution of \$ _____

We wish to make our payment of \$ _____ in the following manner:

Check enclosed, payable to the Maritime Event Center

Credit card payment: VISA MasterCard American Express

Card #: _____ Expiration Date: _____/_____/_____

Security Code (please refer to back of card): _____ Zip Code of Credit Card Billing Address: _____

Name as it appears on card: _____ Authorized Signature: _____

Please return this form and payment to:

Maritime Event Center
 2205 Alaskan Way, Pier 66
 Seattle, WA 98121

Thank you for your support!