

# Registration Form – US & CN

## IN-HOUSE SERVICE PROVIDER (ISP)



OCTOBER 6-9, 2009 - CHICAGO, IL - USA

### A. COMPANY INFORMATION

Company Name \_\_\_\_\_ Mbr ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_



**OFFICE USE ONLY**

Member  Non-Member

CLASS ID VERIFIED BY

### B. REGISTRANT INFORMATION (PHOTOCOPY FOR ADDITIONAL REGISTRANTS)

**1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Personal e-mail (REQUIRED FOR BADGE CONFIRMATION) \_\_\_\_\_

Job Function:  Director Envir. Services/Hskpg  Supervisor  
 Facility Manager  Executive/VP  Purchaser  Other

Which days do you plan to attend? PLEASE CHECK ALL THAT APPLY

Tuesday, October 6  Wednesday, October 7  
 Thursday, October 8  Friday, October 9

#### REGISTRANT 1:

- TRADESHOW (includes keynote address on Oct. 8).....\$45
- EDUCATIONAL CONFERENCE (Oct. 6-9).....\$75
- NETWORKING LUNCH (Oct. 6).....\$29
- <sup>NEW</sup> SHOW FLOOR ROUND TABLE LUNCH (Oct. 8).....\$29
- IICRC TECHNICIAN CERTIFICATE PROGRAM (Oct. 6)
  - Carpet Care (8am-12pm).....\$99
  - Stone Maintenance (1:30pm-5:30pm).....\$99

**REGISTRANT TOTAL: \$ \_\_\_\_\_**

**2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Personal e-mail (REQUIRED FOR BADGE CONFIRMATION) \_\_\_\_\_

Job Function:  Director Envir. Services/Hskpg  Supervisor  
 Facility Manager  Executive/VP  Purchaser  Other

Which days do you plan to attend? PLEASE CHECK ALL THAT APPLY

Tuesday, October 6  Wednesday, October 7  
 Thursday, October 8  Friday, October 9

#### REGISTRANT 2:

- TRADESHOW (includes keynote address on Oct. 8).....\$45
- EDUCATIONAL CONFERENCE (Oct. 6-9).....\$75
- NETWORKING LUNCH (Oct. 6).....\$29
- <sup>NEW</sup> SHOW FLOOR ROUND TABLE LUNCH (Oct. 8).....\$29
- IICRC TECHNICIAN CERTIFICATE PROGRAM (Oct. 6)
  - Carpet Care (8am-12pm).....\$99
  - Stone Maintenance (1:30pm-5:30pm).....\$99

**REGISTRANT TOTAL: \$ \_\_\_\_\_**

### C. SUMMARY

#### PRSM Members

TOTAL REGISTRANT FEES (ADD ALL REGISTRANT TOTALS FROM ABOVE).....\$ \_\_\_\_\_

TOTAL REMITTANCE.....\$ \_\_\_\_\_

- Check enclosed –Made payable to ISSA
- Credit Card:  MasterCard  VISA  AMEX

CARD NUMBER \_\_\_\_\_ EXP DATE (MONTH/YEAR) \_\_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### D. CONDITIONS OF PARTICIPATION (SEE SECOND PAGE)

I HEREBY CERTIFY THAT ALL LISTED REGISTRANTS ARE PAID EMPLOYEES OF OUR FIRM AND AGREE TO FULLY ABIDE BY THE CONDITIONS OF PARTICIPATION SHOWN ON PAGE 2.

PRINT NAME \_\_\_\_\_

AUTHORIZED SIGNATURE (SIGNATURE REQUIRED TO PROCESS) \_\_\_\_\_

# Company Profile – PAGE 2

## IN-HOUSE SERVICE PROVIDER (ISP)



### 2 WAYS TO REGISTER:

**FAX:** Fax this form with payment to: **847-982-1012** or **847-982-0819**.

**MAIL:** Mail this form with appropriate payment to: **ISSA, 7373 N. Lincoln Ave., Lincolnwood, IL 60712-1799 USA**

### COMPANY PROFILE

It is important to complete this section for ISSA to best serve you.

#### A. Primary Association Affiliation:

- ISSA  APPA  ARCSI  ASHES  BOMA  BSCAI  IEHA  IFMA  ISM/NAPM  PRISM  
 Other (Please specify) \_\_\_\_\_  No Affiliation

#### B. Primary Market Segment:

- Commercial  Education  Government  Healthcare  Hospitality/Public Venue  Industrial  Residential  Retail  
 Transportation  Other (Please specify) \_\_\_\_\_

#### C. Purchasing Authority:

- Sole Purchaser/Decision Maker  Specify/Receive Purchase  Approve Purchase  Not Involved

#### D. Annual purchases of jansan products:

- Less than \$25,000  \$25,000 - \$100,000  \$100,000 - \$500,000  \$500,000 - \$1,000,000  \$1,000,000 or more

#### E. Annual Sales Volume:

- \$5 Million or Less  \$5 - \$50 Million  Over \$50 Million

#### F. Have you attended within the last 3 years? Yes No

#### G. How did you learn about ISSA?

- Direct Mail  E-mail  Telemarketing  Print ad in an industry publication  Online search engine  
 Ad on an industry website  Word of Mouth  Other (Please specify) \_\_\_\_\_

#### H. Which hotel are you staying at? \_\_\_\_\_

### BADGE CONFIRMATION

You will receive a bar code confirmation by e-mail so it is very important that you provide the individual's personal e-mail address. You also will receive a reminder e-mail bar code confirmation two weeks prior to the show. Bring the e-mail bar code confirmation to the Main Registration Area located in room S102, level 1, McCormick Place South Building to be scanned for printing.

### NAME CHANGES/REGISTRATION CANCELLATIONS

Name changes and replacement of lost badges will be available for a \$45 fee. Cancellation requests must be received in writing by September 4, 2009 to receive a credit (fax to ISSA at 847-982-1012 or mail to ISSA Convention Department, 7373 N. Lincoln Ave., Lincolnwood, IL 60712). A credit will be issued applicable toward future invoices from ISSA. Such credits will be issued at ISSA convenience following the close of the tradeshow.

### CONDITIONS OF PARTICIPATION

- Registration of individuals may only include a firm's full-time employees.
- The minimum age for admittance to the show floor is 12 years.
- The signed registration form returned to ISSA is an offer and ISSA reserves the right to accept or reject the offer based on the registrants' eligibility to attend.
- No cameras are allowed on the show floor except the official show photography videographer or as approved by show management



7373 N. Lincoln Ave. Lincolnwood, IL 60712-1799 USA  
800-225-4772 (North America) or 847-982-0800  
Fax: 847-982-1012 E-mail: info@issa.com

