

# Exscribe User Group 2019 Meeting

## Company Information

Company Name: \_\_\_\_\_  
(as it should appear on signage and printed recognition)

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Additional emails for updates regarding meeting: \_\_\_\_\_

Product or services to be exhibited: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a **paragraph description** of your company (no more than 50 words) and a **logo** with transparent background.

Names of Representatives Attending:

1. \_\_\_\_\_ Included in Exhibit Fee

2. \_\_\_\_\_ Additional Fe Applies

<b>Exhibitor Fee</b>	<b>Total</b>	
Exhibit fee (including 1 representative)	\$ 1,000.00	_____
Additional Attendee:	\$ 500.00	_____
	Total:	_____

Application, payment or other communications may be addressed to the following:

Enclosed is a check made payable to "EXSCRIBE INC" in the amount of \$ \_\_\_\_\_ OR  
I hereby authorize the following amount to be charged to my credit card:  
Amount Authorized: \_\_\_\_\_ Card #: \_\_\_\_\_ Visa, MC, AMEX  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
Name as it appears on Card: \_\_\_\_\_  
Mailing Address for credit card: \_\_\_\_\_

CANCELLATIONS will be charged a \$50 service fee.  
For questions, contact Jane at 610-419-2050 x700 or e-mail [jbirk@exscribe.com](mailto:jbirk@exscribe.com)