



# SOCAP Exhibitor Registration Form

## 2006 SYMPOSIUM – WASHINGTON, DC

### May 7 – May 10, 2006

### JW Marriott Hotel



SOCAP International, 675 North Washington Street, Ste. 200, Alexandria, VA 22314  
Ph: (703) 519-3700 Fax: (703) 549-4886 - [www.socap.org](http://www.socap.org)

Name \_\_\_\_\_

Title \_\_\_\_\_

Company/Organization \_\_\_\_\_

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<i>Symposium Registration Fee</i>	Paid After December 31, 2005
<b>SOCAP Exhibitor</b>	<b>\$1350</b>

#### **Payment Details:**

Check enclosed. Please make payable to SOCAP. Amount \$ \_\_\_\_\_

Charge to credit card: **AMEX MC VISA DISCOVER** Amount \$ \_\_\_\_\_

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Please print name of cardholder under signature if different from primary contact person.

#### **CANCELLATIONS/SUBSTITUTION**

Refund for cancellations will be made on request to the SOCAP National office. Cancellations received on or before March 18, 2006 entitle the registrant to a full refund minus a \$50 processing fee. Cancellations made after March 18, 2006 will be subject to a \$200 cancellation fee. No refunds or cancellations after May 1, 2006. Substitutions accepted until April 30, 2006. All substitutions will incur a \$50 processing fee.

**Thank you for exhibiting with SOCAP!**

**Please fax form to SOCAP at 703-549-4886** - or mail it to SOCAP International, 675 North Washington Street, Suite 200, Alexandria, VA 22314