



EXHIBIT REGISTRATION

OAIMA Annual Meeting & Trade Show
November 8 - 10, 2017

2017 EXHIBIT BOOTH REGISTRATION

(TYPE OR PRINT THIS INFORMATION)

Company Name: _____

Individual responsible for Exhibit: _____

Address: _____

City, State, Zip: _____

Phone including area code _____

E-mail: _____

Booth Choice #1 _____

Booth Choice #2 _____

Booth Choice #3 _____

Received on or Before Oct. 20th
\$625

Received After Oct. 20th
\$650

Your Exhibit Fee includes:

- ✓ 1 (one) Registration Fee
- ✓ 1 (one) Ticket to all Meal Functions
- ✓ 1(one) ticket to the Thursday night Reception
- ✓ Your Company will be Recognized as a Reception Sponsor
- ✓ Your Company will contributor to the cash door prizes awarded on Friday

Do you require a 6' Table? Yes ___

Will you require two chairs? Yes ___

Will you need electricity? Yes ___

Will you need easels? Yes ___ how many: # ___

Registration and Payment Options:

- ✓ **REGISTER ONLINE HERE**
- ✓ Return this form with check made payable to:
 - OAIMA, 746 Morrison Rd., Gahanna, OH 43230
- ✓ Print this form, fill it out and fax back to the OAIMA Office at (614) 428-7919 or scan and email to: dawnh@oaima.org

Due to Hotel Commitments No Refunds will be made after 10/20/2016

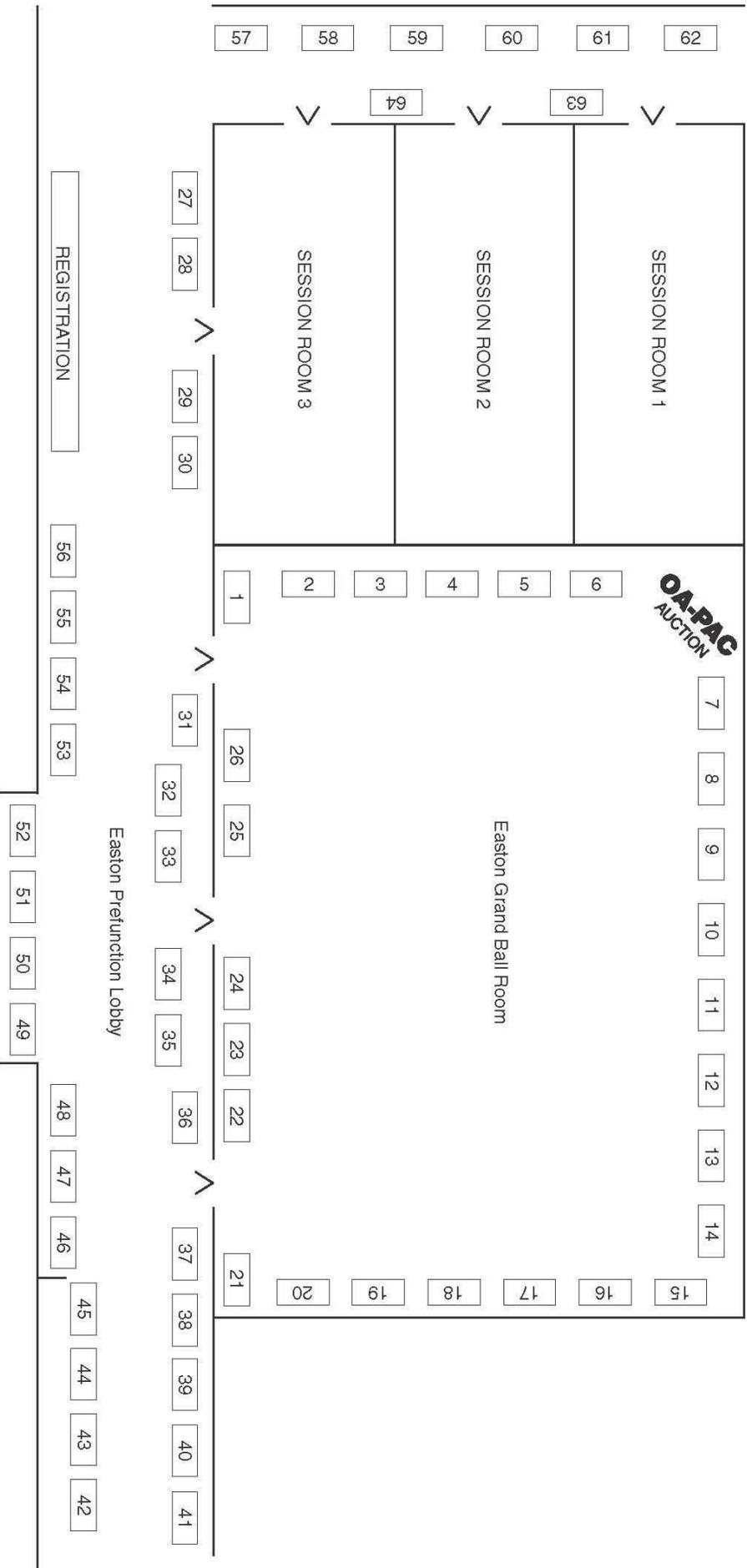


Exhibit spaces will be assigned on a first come first serve basis

List which exhibit space you would like

_____ **First Choice**
 # _____ **Second Choice**
 # _____ **Third Choice**

Spaces 57-61 are available across from the session rooms

Exhibit Area Layout