EXHIBITOR REGISTRATION FORM

Transportation Engineering and Safety Conference

December 6-8, 2023

Payment in full, by check, credit card, or money order must accompany this form. Please print in ink or type. Registration confirmation will be sent to the email address that you provide below. Include all information requested and return the completed form to Penn State by November 14, 2023.

* **Required Information** — Please provide all information as it appears on your government-issued identification. Penn State requires the collection of personal information to create and maintain accurate and secure records. Penn State is committed to keeping personal and institutional information secure. Your registration will not be processed if required fields are not completed.

Exhibitor: Company Information

\$815.00 Booth fee includes two (2) complimentary registrations & one 6' skirted table

Company Name (as it should appear	in all printed ma	terials)		
Mailing address (no. and street, or box no.)				
City	State	ZIP code	Country	
Phone number		Fax number		
Company website				
Exhibit Location Preference	ce			

Exhibit locations will be assigned in the order that this registration form and payment are received. The following areas may be available on a first-come, first-served basis.

- O First-floor lobby area
- O First-floor refreshment break area
- O Second-floor refreshment break area
- O No preference

Place my company exhibit next to*:_	
Note: Both companies must request.	

Exhibitor: First Participant Information (included in booth fee)

*Indicates Required Information. Please provide all information as it appears on your government-issued identification.

*Last Name	*First Name	
Middle Name	Date of Birth (month/day/ye	ear)
*Home Address: Street		
*City	*State	*Zip Code
*Country		per
*Email Address Registration confirmation and log	gistical information will be sent to this email	address.
*Company Name		

	Occu	pational	title
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Please enter your name and pronouns as you would like them to appear on your program materials:

*First name	*Last name	

Pronouns:

Special dietary needs or other accommodations

Penn State encourages qualified persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Karen Dinunzio, kxd20@psu.edu, in advance of your participation or visit.

Preconference Workshop Rates (optional; December 6, 9:00 a.m. – 12:00 p.m.)

- O \$50.00 Traffic Academy, Mobility Modules
- O \$50.00 Automatic Traffic Signal Performance Measures
- O \$50.00 The New Guide for Roundabouts: What you Need to Know
- O \$50.00 How to use PennDOT-funded O-D and Route Analysis Tools for Operations and Planning Applications

Illness Acknowledgement

Attendance at any public event involves certain unavoidable risks such as exposure to or infection by transmissible diseases, viruses, and other illnesses (including, but not limited to, COVID-19 and its variants). Your presence at events or programs hosted by The Pennsylvania State University indicates your assumption of any and all such risk as well as your agreement to adhere to all University policies including, but not limited to, those intended to mitigate the spread of transmissible illnesses. As a member of our community or guest, it is your responsibility to practice basic health, safety, and sanitation measures and avoid engaging in Penn State sponsored programs and activities when symptomatic with any commonly spread transmissible illness.

Exhibitor: Second Participant Information (included in booth fee)

*Indicates Required Information. Please provide all information as it appears on your government-issued identification.

*Last Name	*First Name		
Middle Name	Date of Birth (month/day/year)		
*Home Address: Street			
	*State*Zip Code		
*Country	*Phone Number		
*Email Address Registration confirmation and logis	ical information will be sent to this email address.		
*Company Name			
Please enter your name and pro	nouns as you would like them to appear on your program materials:		
*First name	*Last name		
Pronouns:			
	commodations		

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Exhibitor: Third Participant Information

(The fee is \$275, copy this page as needed for additional participants)

*Indicates Required Information. Please provide all information as it appears on your government-issued identification.

*Last Name	*First Name			
Middle Name	Date of Birth (mc	Date of Birth (month/day/year)		
*Home Address: Street				
*City	*S1	tate	*Zip Code	
*Country	*Phone Number			
Registration confirmation and logi	stical information will be sent t	o this emai		
Occupational title				
Please enter your name and pro-	onouns as you would like the	em to app	ear on your program materials:	
*First name	*Last nam	e		
Pronouns:				
Special dietary needs or other a				

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Registration Fee Summary

Exhibit Fee (includes two complimentary exhibitor participants)		= <u>\$ 815.00</u>
Additional Participants	# @ \$275 each	= \$
Pre-Conference Workshops	# @ \$50 each	= \$
Extra Skirted Table (one included in exhibit fee)	# @ \$55 each	= \$
Ethernet Cable	#@ \$45 each	= \$
Total Payment:		\$

Exhibitor registrations must be received no later than Tuesday, November 14, 2023. A \$50 administrative fee will be charged for cancellations. Cancellation requests must be received in writing by November 14, 2023, by fax at 814-863-5190 or email at <u>PSUconferences@psu.edu</u>. After this date, no refunds will be accepted.

Payment Information

Choose your method of payment below. The Pennsylvania State University's federal ID number is 24-6000376.

- O Credit Card (select one)
 - Pay Now (Enter only if mailing in this form. DO NOT EMAIL.)
 - Cardholder's Name______
 - Cardholder's Phone #_____
 - Cardholder's Signature______
 - Card Number_____Card Expiration Date_____
 - Email Invoice and Link to Pay Online to:
 - I will call to submit credit card info over the phone.
 - Call the PSU Non-Credit Registration Office on Tuesdays and Thursdays between 8:00am 12:00pm (Eastern) at 814-867-4973
- O Check or money order enclosed for amount indicated, signed and payable to The Pennsylvania State University
- O Enclosed is a purchase order (made payable to The Pennsylvania State University) or letter of authorization from my employer or sponsoring organization.
- O Penn State employees only SIMBA JE# _____Please contact <u>noncredit@psu.edu</u> for account information.

Send all registration pages and payment to:

Conferences & Institutes Registration Penn State Non-Credit Registration Office

Via USPS: PO Box 410, State College, PA 16804 Via UPS/FedEx: 100 Innovation Boulevard, 120 Outreach Building, University Park, PA 16802

Phone: 814-867-4973 Fax: 814-863-2765 Email: <u>noncredit@psu.edu</u> (DO NOT EMAIL CREDIT CARD INFORMATION)

Note: Credit card payments received by phone, mail and fax will be processed the following Tuesday and Thursday when staff are in the office from 8AM-12PM.