

# EXHIBITOR REGISTRATION FORM

## Transportation Engineering and Safety Conference

December 7-9, 2022

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 29, 2022.

### Exhibitor: Company Information

\$815 Booth fee includes two (2) complimentary registrations & one 6' skirted table

Company Name (as it should appear in all printed materials) \_\_\_\_\_

Mailing address (no. and street, or box no.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Company website \_\_\_\_\_

### Exhibit Location Preference

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.

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

Place my company exhibit next to\*: \_\_\_\_\_

*Note: Both companies must request.*

### Registration Fee Summary (tally from the following pages)

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

Exhibitor registrations must be received no later than Tuesday, November 15, 2022. Cancellation requests must be received in writing by November 15, 2022 by email at [PSUconferences@psu.edu](mailto:PSUconferences@psu.edu). A \$50 administrative fee will be charged for cancellations.

## Payment Information

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

- Check or money order enclosed for amount indicated, signed and payable to The Pennsylvania State University

- Credit Card: **Can be collected via phone\*, mail, or fax (DO NOT EMAIL)**

Cardholder's Name \_\_\_\_\_

Cardholder's Phone # \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Card Expiration Date \_\_\_\_\_

*(Do not email form with card number. If you prefer to email this form, leave the card number blank and we will call the phone number listed above.)*

- Enclosed is a purchase order (made payable to The Pennsylvania State University) or letter of authorization from my employer or sponsoring organization.

- Penn State employees only – SIMBA JE# \_\_\_\_\_ Please contact [noncredit@psu.edu](mailto:noncredit@psu.edu) for account information.

## Send all registration pages and payment to:

Conferences & Institutes Registration  
Penn State Non-Credit Registration Office  
Box 410  
State College, PA 16804

Phone: 814-867-4973

Fax: 814-863-2765

Email: [noncredit@psu.edu](mailto:noncredit@psu.edu) (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.

**Continue on next page(s) to complete attendee information.**

## 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/year) \_\_\_\_\_

\*Home Address: Street \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Country \_\_\_\_\_ \*Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

*Registration confirmation and logistical information will be sent to this email address.*

\*Company Name \_\_\_\_\_

\*Occupational Title \_\_\_\_\_

\*Is this your first time attending TESC?  Yes  No

\*Please enter your name as you would like it to appear on your program materials:

\*First name \_\_\_\_\_ \*Last name \_\_\_\_\_

Pronouns \_\_\_\_\_ Include pronouns on name badge?  Yes  No

Special dietary or accommodation needs (if none, leave blank): \_\_\_\_\_

*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.*

Pre-Conference Workshops (optional) – December 7, 9:00 a.m. – 12:00 p.m.)

- \$55 – PennTIME
- \$55 – Traffic Academy, Part 1 (Safety Modules)
- \$55 – FREEVAL
- \$55 – What’s New with the Highway Occupancy Permit Program?

## COVID-19 Acknowledgement

You agree that as a condition, and in consideration, of your willing and voluntary participation in programs and activities (“Program”) hosted by The Pennsylvania State University (“Penn State”):

1. You understand that [Penn State](#) has issued rules and precautions which follow, or may in some cases exceed, guidance from the [Centers for Disease Control](#) (CDC) and the [Pennsylvania Department of Health](#). You agree that it is your sole responsibility to follow these protocols and acknowledge that failure to do so may result in removal from the Program. As of [March 23, 2022](#), this guidance includes basic health, safety, and sanitation measures (staying home when sick, washing/sanitizing hands often, etc.) in addition to **wearing a face mask while using public transportation (including transportation hubs such as airports and bus stations) or while in healthcare facilities and [certain research facilities and labs](#).**  
**You must adhere to these protocols regardless of vaccination status.**
2. You agree you will not participate in the Program if you are awaiting the results of a COVID-19 test or if you recently: (i) have been diagnosed with COVID-19; (ii) have experienced any symptom of illness which may be associated with COVID-19; or, (iii) have been in close contact with anyone who has been diagnosed with COVID-19, is awaiting the results of a COVID-19 test, or has exhibited any symptom of illness which may be associated with COVID-19 or any of its variants.
  - a. If you fall into any of the above categories, you may nevertheless participate in the Program if:
    - i. more than five days have passed since your last close contact or symptom; AND,
    - ii. you have tested negative for COVID-19 on or after the five-day mark.
3. You acknowledge the contagious nature of COVID-19 and your understanding that, even with adherence to all preventative measures, including vaccination, there is risk that you may become exposed to and/or contract COVID-19. You assume any and all risk of such exposure or infection and acknowledge that it may result in personal injury, illness, severe complications, permanent disability, and/or death.

**\*I agree**

## 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 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Country \_\_\_\_\_ \*Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

*Registration confirmation and logistical information will be sent to this email address.*

\*Company Name \_\_\_\_\_

\*Occupational Title \_\_\_\_\_

\*Is this your first time attending TESC?  Yes  No

\*Please enter your name as you would like it to appear on your program materials:

\*First name \_\_\_\_\_ \*Last name \_\_\_\_\_

Pronouns \_\_\_\_\_ Include pronouns on name badge?  Yes  No

Special dietary or accommodation needs (if none, leave blank): \_\_\_\_\_

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2. **You must adhere to these protocols regardless of vaccination status.**
3. You agree you will not participate in the Program if you are awaiting the results of a COVID-19 test or if you recently: (i) have been diagnosed with COVID-19; (ii) have experienced any symptom of illness which may be associated with COVID-19; or, (iii) have been in close contact with anyone who has been diagnosed with COVID-19, is awaiting the results of a COVID-19 test, or has exhibited any symptom of illness which may be associated with COVID-19 or any of its variants.
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4. You acknowledge the contagious nature of COVID-19 and your understanding that, even with adherence to all preventative measures, including vaccination, there is risk that you may become exposed to and/or contract COVID-19. You assume any and all risk of such exposure or infection and acknowledge that it may result in personal injury, illness, severe complications, permanent disability, and/or death.

**\*I agree**

## Exhibitor: Third Participant Information (\$275, copy this page 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 (month/day/year) \_\_\_\_\_

\*Home Address: Street \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Country \_\_\_\_\_ \*Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

*Registration confirmation and logistical information will be sent to this email address.*

\*Company Name \_\_\_\_\_

\*Occupational Title \_\_\_\_\_

\*Is this your first time attending TESC?  Yes  No

\*Please enter your name as you would like it to appear on your program materials:

\*First name \_\_\_\_\_ \*Last name \_\_\_\_\_

Pronouns \_\_\_\_\_ Include pronouns on name badge?  Yes  No

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\*I agree