2010 National Boating Access Conference

Sponsored by the States Organization for Boating Access (SOBA)

"Partnering for Better Access"

October 18-21, 2010
Park City, Utah

Forms can be downloaded at www.sobaus.org

1st REGISTRANT'S CONTACT DETAILS

Name: _____ Guest's Name: _____

Company Name: _____

Address/City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Registrant's Shirt Size: _____ (S-M-L-XL-XXL) **and Meal Selection:** ❑Beef ❑Seafood ❑Special Needs: _____

Guest's Shirt Size: _____ (S-M-L-XL-XXL) **and Meal Selection:** ❑Beef ❑Seafood ❑Special Needs: _____

❑ Yes ❑ No Do you plan on attending the field trip on October 21?

❑ Yes ❑ No I would like to register for the Professional Development Credit Program **(Add $10.00 to the registration total)**.

2nd REGISTRANT'S CONTACT DETAILS

Name: _____ Guest's Name: _____

Company Name: _____

Address/City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Registrant's Shirt Size: _____ (S-M-L-XL-XXL) **and Meal Selection:** ❑Beef ❑Seafood ❑Special Needs: _____

Guest's Shirt Size: _____ (S-M-L-XL-XXL) **and Meal Selection:** ❑Beef ❑Seafood ❑Special Needs: _____

❑ Yes ❑ No Do you plan on attending the field trip on October 21?

❑ Yes ❑ No I would like to register for the Professional Development Credit Program **(Add $10.00 to the registration total)**.

TYPE OF REGISTRATION	COST BY SEPT. 3RD	COST AFTER SEPT. 3RD
❑ Member	$375	$425
❑ Nonmember	$425	$500
❑ Guest	$200	$200
❑ Alumni	$100	$100
❑ Professional Credit Program	$10	$10
EXHIBITORS		
❑ Inside Single Booth	$750	$750
❑ Inside Double Booth	$1,300	$1,300
❑ Marina Space (cost per slip)	$750	$750
OTHER		
Contributor (Non-exhibiting consultant, etc.)	$500	$500

CONFERENCE SPONSORSHIP	COST
❑ Platinum	$10,000
❑ Gold	$5,000
❑ Silver	$2,500
❑ Bronze	$1,000
OTHER OPPORTUNITIES	
❑ Breaks (Each)	$5,000
❑ Breakfasts (Each)	$5,000
❑ Lunches (Each)	$5,000
❑ Networking Room	$5,000
❑ Field Trip	$10,000
❑ Entertainment	$10,000
❑ Dinner (Banquet)	$10,000
❑ Conference Promotional Items	$_____

NOTE: Inside Double Booth Exhibitors and all Sponsors receive 2 full conference registrations

TOTAL OF ALL ITEMS CHECKED ABOVE: $ _____

PAYMENT INFORMATION ($2,000 limit on credit card charges)

PAYMENT TYPE: ❑Discover ❑MasterCard ❑Visa ❑AmEx ❑Check *(payable to SOBA)*

IF YOU WOULD LIKE TO PAY BY CREDIT CARD, PLEASE NOTE THE FOLLOWING: In accordance with Payment Card Industry (PCI) Standards, SOBA has adopted an online system to process all credit card transactions. We can no longer accept or retain full length credit card information details. **If you have indicated that you would like to pay by credit card, we will send you a UserId, Password and link to our secured website to process your payment.**

TOTAL AMOUNT DUE (Please add sections 2, 3 and 4 and submit total amount): $_____

MAIL COMPLETED FORM TO: SOBA CONFERENCE, 231 S. LaSalle Street, Suite 2050, Chicago, IL 60604
Phone: (312) 946-6283 - Fax: (312) 946-0388 - Email: info@sobaus.org