



2019 HPC EXHIBITOR REGISTRATION FORM

Company Information

Company / Organization Name _____

What does your company/organization do? _____

Mailing address _____

City _____ State/Prov. _____ Zip _____

Booth contact _____ Title _____

Telephone _____ Fax _____

Email _____

Exhibit Booth and Representative's Information*

- ___ 10x10 Booth\$2,600 (Includes 2 registrations)
- ___ 10x20 Booth\$4,600 (Includes 3 registrations)
- ___ 10x30 Booth\$5,600 (Includes 3 registrations)
- ___ 20x20 Booth\$6,600 (Includes 3 registrations)

Booth Selections: 1. _____ 2. _____ 3. _____

1. Representative's name _____

Title _____

Address _____

Phone _____

Email _____

What do you do in the organization? _____

Dietary Restrictions: Gluten-Free Vegan Vegetarian

2. Representative's name _____

Title _____

Address _____

Phone _____

Email _____

What do you do in the organization? _____

Dietary Restrictions: Gluten-Free Vegan Vegetarian

Only fill in a 3rd representative if you are registering for a 10x20, 10x30 or 20x20 booth

3. Representative's name _____

Title _____

Address _____

Phone _____

Email _____

What do you do in the organization? _____

Dietary Restrictions: Gluten-Free Vegan Vegetarian

**Please have representative information submitted by March 1, 2019*

Check below if you would like to add:

- ___ Additional Conference Representative \$625
- ___ Advertise your Brand on the Conference Mobile App
(Advertisement one page) \$500
- ___ Home Energy Magazine Advertisement
(E-newsletter – 1x weekly Banner style ad)\$675

CEUs:

- American Society of Home Inspectors (ASHI)
- Building Performance Institute, Inc. (BPI) ID# _____
- International Association of Certified Home Inspectors (InterNACHI)
- National Association of the Remodeling Industry (NARI)
- North American Technician Excellence, Inc. (NATE)

Billing Information**

If the information and Contact is the same as above please check here: _____

Company or Organizations Name _____

Mailing address _____

City _____

State/Prov. _____

Zip _____

Billing Contact _____

Title _____

Telephone _____

Email _____

Signature of Authorized Company Representative _____ Date _____

***Invoice will be sent upon receipt of completed form*

Return completed form by fax or email to:

Chris Docchio
Home Performance Coalition Director of Partner Relations
cdocchio@homeperformance.org • Fax: 412-424-0075

Questions? Please call Chris Docchio at 412-424-0046