



**2019 Northwest Regional Home Performance  
CONFERENCE & TRADE SHOW  
February 11-12, 2019  
Hilton Portland Downtown | Portland, OR**



**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

\_\_\_\_\_  
Social Media

**Exhibit Booth and Representative's Information\***

\_\_\_ Exhibit Table .....\$1,300 (Includes 2 registrations)

Table 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

**CEUs:**

Building Performance Institute, Inc. (BPI) ID# \_\_\_\_\_ ID# \_\_\_\_\_

International Association of Certified Home Inspectors (InterNACHI)

National Association of the Remodeling Industry (NARI)

North American Technician Excellence, Inc. (NATE)

Oregon CCB ID # \_\_\_\_\_ ID # \_\_\_\_\_

**Check below if you would like to add:**

\_\_\_ Additional Conference Representative ..... \$325

\_\_\_ HEM (website -1x weekly You Tube style Run of Site Sponsored Content Video ad with corresponding link ) .....\$675

**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 contact Maggie Forti at  
mforti@homeperformance.org (510-525-5405 X8) or Chris Docchio  
at cdocchio@homeperformance.org (412-424-0046).