



2021 SUPPORTER & EXHIBITOR APPLICATION
 (All applications are subject to review and approval by ISSTD.)

Organization/Institution _____

Booth Main Contact Name _____

Comp Booth Attendee Onsite _____ Title _____

Address _____

City _____ State/Province _____ Country _____ Zip Code/Postal Code _____

Phone _____ Cell _____ Email _____

Dietary Needs: Vegetarian Vegan Kosher Gluten-Free No nuts Other Allergies _____ ADA/Special Needs _____

2021 Exhibit & Supporter Options

2021 Annual Conference

Virtual Exhibit Booth	Standard <input type="checkbox"/>		Enhanced <input type="checkbox"/>	
Supporter Options	Awards <input type="checkbox"/>	Lunch <input type="checkbox"/>	Website <input type="checkbox"/>	Movement <input type="checkbox"/>

2021 Regional Conferences – US & Canada

	Nashville Regional Conference	Toronto Regional Conference
Full Tabletop Exhibit Booth Registration	<input type="checkbox"/>	<input type="checkbox"/>
Additional Exhibitor Registration	<input type="checkbox"/>	<input type="checkbox"/>
Break Supporter	<input type="checkbox"/>	<input type="checkbox"/>
Lunch Supporter	<input type="checkbox"/>	<input type="checkbox"/>

2021 Regional Conferences – Australia

Supporter Options	Standard <input type="checkbox"/>	Major <input type="checkbox"/>	Presenting <input type="checkbox"/>
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Advertising

Online Community Advertising	Banner <input type="checkbox"/>	Button <input type="checkbox"/>
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Year Round Opportunities

Webinar Supporter	Single <input type="checkbox"/>	Annual <input type="checkbox"/>	
Email Marketing Supporter	Single <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>

By checking this option, I am confirming my participation and confirm that I have read the cancellation policies listed in the prospectus for the events which I intent to participate in.

Interested in creating a custom supporter package? Contact ISSTD Staff at cfas@isst-d.org to develop a custom package today!

PAYMENT INFORMATION

TOTAL FEES: \$ _____

Check (US Bank Only) payable to: ISSTD Mail to: ISSTD, 4201 Wilson Blvd 3rd Floor Arlington, VA 22203 Credit Card (Visa | MC | Amex | Disc)

Card Number: _____ Expiration: _____

Name on Card: _____

Signature: _____

THANK YOU FOR YOUR PARTICIPATION!