

# 2017 Bridge Workers, Supervisors & Engineers Conference & Trade Show

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Those attending the trade show are:

Name \_\_\_\_\_

P.E. ☐ P.S. ☐ Title \_\_\_\_\_

Email \_\_\_\_\_

**Lunch Ticket**—Wednesday, April 26 (\$15) ☐

**Dinner Ticket**—Wednesday, April 26 (\$35) ☐

**Breakfast Ticket**—Thursday, April 27 (\$20) ☐

Name \_\_\_\_\_

P.E. ☐ P.S. ☐ Title \_\_\_\_\_

Email \_\_\_\_\_

**Lunch Ticket**—Wednesday, April 26 (\$15) ☐

**Dinner Ticket**—Wednesday, April 26 (\$35) ☐

**Breakfast Ticket**—Thursday, April 27 (\$20) ☐

*If you would like to register more than two representatives for the Trade Show, please complete the attached form.*

**Please describe the service(s)/product(s) and/or specialization provided by your organization. You may also list any companies you do not wish to be placed near.**

**Please indicate whether you would like to reserve an Indoor Display Area, Outdoor Display Area, or both (see informational flyer for further details):**

Indoor Display Area ☐ Outdoor Display Area ☐ Both (Indoor & Outdoor Display Areas) ☐

**If you requested an indoor Display Area, will you require an electrical outlet?**

Electric needed ☐ Electric not needed ☐

*Please note: you must provide your own extension cords and power strips. Depending on your needs, there may be additional setup charges by the hotel.*

**Cost: \$295 • \$245 for CEAO Supporting Members**

**Page Total \$ \_\_\_\_\_**

Please submit this application and payment to:

**County Engineers Association of Ohio**

6500 Busch Boulevard, Suite 100, Columbus, Ohio 43229

P 614-221-0707 ✉ info@ceao.org

# 2017 Bridge Workers, Supervisors & Engineers Conference & Trade Show

Please complete this form if more than two representatives of your company will be attending the trade show. Please note that meal tickets are not included in the exhibit fee—additional tickets may be purchased below.

Organization \_\_\_\_\_

Name \_\_\_\_\_ P.E. ☐ P.S. ☐

Title \_\_\_\_\_

Email \_\_\_\_\_

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**Page Total \$**\_\_\_\_\_

**Grand Total \$**\_\_\_\_\_

\_\_\_\_\_  
*Authorizing Signature*