



Renaissance Esmeralda Resort and Spa
Palm Springs, California

Thank you for registering as an Exhibitor for the WACUHO 2006 Annual Conference being held at the Renaissance Esmeralda Resort and Spa, April 8-11, 2007. Please fill in all the requested information and submit this form for processing. Please mail it to Kathy Sowell, WACUHO Registration, USC Housing Office, 3115 South Orchard Ave. Los Angeles, CA 90007.

Payment Options:

We accept checks or credit card. WACUHO Tax ID#: 95-3007103

Checks should be mailed directly to Kathy Sowell, USC Housing Office, 3115 South Orchard Ave. Los Angeles, CA 90007 or brought to the conference and presented a payment no later than the first day of the conference.

Credit Cards: Please contact Kathy Sowell at 213.764.2256 and make payment by phone.

Company Name :
Company Contact Information:
Street Address
Address (cont)
City:
State/Province:
Zip/Postal Code:
Work Phone:

FAX :
E-mail :
URL:

Please provide the following information for your primary representative for name tag
Last name, First name, Title, Name of company as it should appear on the tag.

Please select the size booth you would like:

- _____ Single Booth @ \$850.00
 _____ Double Booth @ \$ 1,700.00

Each company representative is required to have a name tag.
Please let us know if you need additional name tags at a cost of \$35 each.
Last name, First Name, Title, Name of company as it should appear on the name tag.

Meals while you are at the conference

One set of meals is included with each booth.

(Meals not included in Exhibitors package: Tuesday night Reception and Grand Banquet, Wednesday morning brunch. All other meals are included)

How many additional meals will you need for each of the following?

- _____ Sunday Reception and Dinner @ \$75.00
 _____ Monday morning breakfast @ \$35.00
 _____ Monday lunch @ \$55.00
 _____ Tuesday morning breakfast @ \$35.00
 _____ Tuesday lunch @ \$55.00
 _____ Tuesday night Reception and Grand Banquet @ \$75.00 (not included in meal package)
 Please choose one of the following entries and indicate how many of each.
 _____ Grilled Tenderloin Medallions
 _____ Tandori Spiced Chicken
 _____ Wednesday brunch @ \$65.00 (not included in meal package)

Please list any special dietary needs

Credit Card Information: (WACUHO Tax ID#: 95-3007103)

Type of card: Visa ___ MasterCard ___ AMEX ___

Name as it appears on the card

Card Number

Expiration Date

Total amount to be charged:

Authorizing Signature:

Expense Work Sheet:

For your convenience, we have provided the following worksheet.

Single Booth @ \$850.00	\$ _____
Double Booth @ \$1700.00	\$ _____
Additional Name Tags @ \$35.00 each	\$ _____
Sunday Reception @ \$75.00 each	\$ _____
Monday Breakfast @ \$35.00 each	\$ _____
Monday Lunch @ \$55.00 each	\$ _____
Tuesday Breakfast @ \$35.00 each	\$ _____
Tuesday Lunch @ \$55.00 each	\$ _____
Tuesday Grand Banquet @ \$75.00 each	\$ _____
Wednesday Brunch @ \$65.00 each	\$ _____

Please note that the Grand Banquet and Wednesday Brunch are not included in the one meal package.

Corporate Partner Discount \$100.00 - \$ _____

Total \$ _____

Additional Information Needed:

Please provide a brief description of your company's product and/ or services.

Exhibitors Prize Drawing

Exhibitors have an opportunity to contribute to the conference by participating in the traditional prize drawings during Exhibits time periods. The prizes are limited to one per company. (Of course, you are welcome to provide “at the booth” goodies.)

____ Yes! I am interested in participating in the prize drawing.

Is this your company's first time at a WACUHO conference? _____

If not, how many WACUHO Conferences has your company participated in as an Exhibitor? _____

If you have any additional comments or questions, please contact the Exhibits co-chairs, Staci Buchwald and Terry Campbell at staci.buchwald@scrippscollege.edu and tcampbell@housing.ucsb.edu

