

2017 Booth Personnel Registration & Badge Form

**Due: Friday,
April 14**

EXPO: APRIL 19 - 20 ARIA RESORT & CASINO | LAS VEGAS

Each 10' x 10' booth rental entitles your company to register up to 5 employees to staff your booth. These badges permit entrance to the Expo Hall only, and not to general sessions or breakout sessions. **Booth Personnel Registrations are only for your employees.**

2 Easy Ways to Register



Online: www.BenefitsConf.com/exhibit_resource.html



Fax completed form to: 561-622-2423

Registration Policies and Procedures

- Do NOT register any representatives from your company who are speaking at the conference or who you are registering as a Complimentary Exhibitor.
- Booth personnel may pick up their badges on-site at the registration counter.
- Each request for substitutions, additions or changes after Friday, April 7, 2017, may be subject to a \$25 nonrefundable administrative fee.
- A \$25 nonrefundable administrative fee may be charged to replace any lost badge.

Please type or print clearly all requested information.

Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Submitted by: _____ Date: _____
Telephone: _____ - _____ - _____ Booth #: _____

2017
**Booth Personnel
Registration & Badge Form** (cont'd)

**Due: Friday,
April 14**

EXPO: APRIL 19 - 20 ARIA RESORT & CASINO | LAS VEGAS

Page 2



Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Submitted by: _____ Date: _____
Telephone: _____ - _____ - _____ Booth #: _____

2017 Additional Booth Personnel Registration Form

Due: Friday,
April 14

EXPO: APRIL 19 - 20 ARIA RESORT & CASINO | LAS VEGAS

If more than 5 Booth Personnel will be staffing your booth, you will need to purchase additional Booth Personnel Badges (\$50 each) for those employees. These badges permit entrance to the Expo Hall only, not to general sessions or breakout sessions. **Additional Booth Personnel Badges are only for your employees.**

2 Easy Ways to Register



Online: www.BenefitsConf.com/exhibit_resource.html



Complete and fax pages 13 & 14 to: 561-622-2423

Registration Policies and Procedures

- Do NOT register any representatives from your company who are speaking at the conference or who you are registering for a Complimentary or Discounted Exhibitor Full Conference Registration Pass.
- Booth personnel may pick up their badges on-site at the registration counter.
- Each request for substitutions, additions or changes after Friday, April 7, 2017, may be subject to a \$25 nonrefundable administrative fee.
- A \$25 nonrefundable administrative fee may be charged to replace any lost badge.

Questions? Please call 1-800-727-1227 or email conferences@lrp.com.

Please type or print clearly all requested information. Please photocopy this form for any additional booth personnel.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Booth #: _____

2017
**Additional Booth
Personnel
Registration Form** (cont'd)

**Due: Friday,
April 14**

EXPO: APRIL 19 - 20 ARIA RESORT & CASINO | LAS VEGAS

Page 2

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

Additional Booth Personnel Fee:

Rate	No. of Registrants	Total Due
\$50 each		
CHARGE MY CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER		
CARD #:		EXP. DATE:
SECURITY CODE: (3-digit code on back of Visa, MasterCard, Discover or 4-digit code on front of AmEx)		
NAME: (as it appears on card)		
CREDIT CARD BILLING ADDRESS: / STREET:		
CITY:		STATE: ZIP:
CARDHOLDER'S PHONE:	CARDHOLDER'S SIGNATURE:	

Credit Card Processing Policy:
 Credit card payments are processed upon receipt.
 ANY CREDIT CARD PAYMENT CHANGES will result
 in an administrative fee.

Submitted by: _____ Date: _____
 Telephone: _____ - _____ - _____ Booth #: _____

2017 Exhibitor Full Conference Pass Discount Registration Form

Due: Friday, April 14

EXPO: APRIL 19 - 20 ARIA RESORT & CASINO | LAS VEGAS

As a thank you for exhibiting at the **5th Annual Health & Benefits Leadership Conference**, your company is entitled to the lowest available conference registration rate for your staff to attend sessions. Your Full Conference Pass gives you access to all general sessions and breakout sessions. **Discounted registrations can be used for your employees only.**

2 Easy Ways to Register



Online: www.BenefitsConf.com/exhibit_resource.html



Fax completed form to: 561-622-2423

Questions? Please call 1-800-727-1227 or email conferences@lrp.com.

Please type or print clearly all requested information. Please photocopy this form for any additional registrants.

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email: _____

Discounted Exhibitor Full Conference Pass Registration Fee: \$850

CHARGE MY CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER		
CARD #:	EXP. DATE:	
SECURITY CODE: (3-digit code on back of Visa, MasterCard, Discover or 4-digit code on front of AmEx)		
NAME: (as it appears on card)		
CREDIT CARD BILLING ADDRESS: / STREET: (If different from above)		
CITY:	STATE:	ZIP:
CARDHOLDER'S PHONE:	CARDHOLDER'S SIGNATURE:	

Cancellation Policy:

Substitutions may be made at any time with no penalty. Cancellations received in writing on or before March 17, 2017, will receive a refund minus an administrative fee of \$150. Refunds will be processed following the conference. Cancellations received after March 17, will not be refunded. Unpaid cancellations for the 5th Annual Health & Benefits Leadership Conference will be billed for the appropriate fee. No-show registrations will not be refunded. Please email any requests for refunds or substitutions to conferences@lrp.com. LRP reserves the right to cancel the conference due to lack of registrations. In case of conference cancellation, LRP's liability is limited to the refund of the conference registration fee only. LRP reserves the right to alter this program without prior notice.

Credit Card Processing Policy:

Credit card payments are processed upon receipt. ANY CREDIT CARD PAYMENT CHANGES will result in an administrative fee.

Submitted by: _____ Date: _____
 Telephone: _____ - _____ - _____ Booth #: _____