



PRSM MID-YEAR CONFERENCE
OCTOBER 14-15, 2009
 Fairmont Hotel
 Dallas, TX

Please fill out this form completely and return to
 Wyndham Jade via fax or email.
 Fax: 972-349-7437
 Email: prsmmidyear@wyndhamjade.com
 Or, Register Online at www.prsm.com

EXHIBITOR REGISTRATION FORM

EXHIBIT BOOTH CONTACT INFORMATION: (For PRSM's internal use)			
Company Name	Contact Name		
Title	Booth #		
Address	City	State	Zip/Postal Code
Phone	Fax		
Email Address	Web Site		

REGISTERED EXHIBITOR PERSONNEL: Each tabletop exhibit comes with two (2) complimentary exhibitor registrations. In addition, exhibiting companies may register additional exhibitor registrants for a fee of \$500 each. No more than two (2) company representatives may be present at their assigned tabletop at one time. Each exhibiting company must be a PRSM member.

Complimentary Exhibitor Registrations	Additional Exhibitor Registrations (\$500 each) – Additional Exhibitor Registrations cannot be processed without payment.
1. Name: _____ Title: _____ Phone: _____ Email: _____ 2. Name: _____ Title: _____ Phone: _____ Email: _____	1. Name: _____ Title: _____ Phone: _____ Email: _____ 2. Name: _____ Title: _____ Phone: _____ Email: _____
Total Amount Due for Registration: \$ _____	

SURVEY QUESTIONS: Please answer the following survey questions.

- Annual Sales Volume
 Up to \$500,000 \$500,000-5 Million \$5-25 Million \$25-100 Million \$100-500 Million Over \$500 Million
- General Category of Products/Services (Select up to 3)
 Maintenance Consultant Complete Service Management Doors Electrical Fire Protection Flooring
 Glass/Windows HVAC Janitorial Landscaping Lighting Painting Parking Lots Pest Control
 Plumbing Restaurant Maintenance Roofing Signage Security Waste Mgmt.
- Sales Region/Territory
 National U.S. & Canada National U.S. Northeast Southeast Midwest Southwest Northwest
- Are you planning to exhibit at PRSM2010?
 Yes No
- Would you like to receive additional information on PRSM Exhibit & Sponsorship Opportunities?
 Yes No

PAYMENT INFORMATION: Additional Exhibitor Registrations cannot be processed without payment.

<input type="checkbox"/> Check (Make check payable to PRSM) Mail to: Professional Retail Store Maintenance Association PO Box 671247 Dallas, TX 75267-1247	<input type="checkbox"/> Credit Card (American Express, Visa, MasterCard) Please complete the following credit card authorization form and submit with this registration.
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Credit Card Authorization

Payment Method: AmEx MasterCard VISA Amount to Charge: \$ _____

Credit Card Account Number _____ Security Code _____ Expiration Date _____

Cardholder's Name _____ Billing Address _____ City, State/Province & Zip/Postal Code _____

Cardholder's Signature _____ Date _____

Payment is not valid without signature, payment method checked and all requested information completed.

Registration Cancellation Policy: All cancellations must be received in writing.
 - **Prior to September 15, 2009**, attendees will receive a full refund minus a \$25 cancellation processing fee.
 - **September 15-30, 2009**, attendees will receive a refund of 25% of their paid registration fee.
 - **After September 30, 2009**, a cancellation fee of 100% will apply.

Save Paper! Register online at www.prsm.com!
 Please complete all sections of this form. A confirmation will be sent to all registered attendees within 72 hours of receipt of this form. For questions, please contact Wyndham Jade at 972-349-7884 or prsmmidyear@wyndhamjade.com.



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CREDIT CARD PAYMENT AUTHORIZATION FORM

IN PAYMENT OF: _____ **AMOUNT TO PAY:** _____

Contact Name

Company Name

Mailing Address

City

State/Province

ZIP/Postal code

Office Telephone

Fax Number

Email Address

PAYMENT METHOD: Amex MasterCard VISA

If paying by credit card, the following section must be filled out in its entirety in order to process your request.

1. _____
Credit Card Account Number

2. _____
Expiration Date

3. _____
Credit Card Billing Address

4. _____
City, State and ZIP code

X _____

Cardholder's Signature

_____ Date

Payment is not valid without signature, payment method checked and all four sections completed.

FOR FAXED PAYMENTS:

Please forward to:

Wyndham Jade – PRSM

Fax: 972-349-7437

Or, for more assistance, please contact us at:

Phone: 972-349-7884

Email: prsmmidyear@wyndhamjade.com

PRSM OFFICE USE ONLY

Processed Date: _____

Authorization Code: _____

Initials: _____