



2019 ESPA Annual Conference
Organization / Corporate Group Registration Form
January 11-13, 2019 · Charlotte, NC
Advanced Registration Cutoff Date: November 10

IF YOU HAVE QUESTIONS REGARDING YOUR REGISTRATION, PLEASE CONTACT US AT 609-799-3712.

Please note, you may only register as an Organization if you hold an Organization Level Membership with ESPA.

COMPANY NAME: _____

STREET ADDRESS (for mailing convention credentials): _____

CITY: _____

STATE: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

- We represent a: [] CVB with an Operating Budget up to \$5 Million [] CVB with an Operating Budget of \$5 to \$10 Million
[] CVB with an Operating Budget of \$10 to \$15 Million [] CVB with an Operating Budget of more than \$15 Million
[] Hotel [] Convention Center [] Planner [] Industry Supplier
[] Other: _____

FIRST ATTENDEE (PRIMARY CONTACT) INFORMATION

NAME (First, Last): _____ BADGE NAME: (if different): _____

TITLE: _____ DESIGNATION: _____

E-MAIL: _____

DAY PHONE: _____ MOBILE PHONE (In case of emergency): _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE NUMBER: _____

Check if this is your 1st ESPA CONFERENCE: [] AND/OR Check if you are a NEW MEMBER: []

I have been in the meetings industry: 1-3 years [] 4-14 years [] 15+ years []

To help us with our demographics, which generation do you fall within?

Traditionalist (1922-1945) [] Baby Boomer (1946-1964) [] Gen X (1965-1980) [] Gen Y (1981-2000) []

OPTIONAL – Friday, January 11, 2019 1:00-4:00PM Two Tours

Day with the Queen: A Custom Tour of Charlotte (Fee \$59) [] Historic Charlotte Homes Tour (Fee \$50) []

Are you signing up for ESPA's Two-Day Leadership Track? Note: These sessions are being offered only for those at Associate Director level or higher. There will be an additional \$75 fee inclusive of the two-day Leadership Track

Yes [] No []

Saturday, January 12, 2019 10:00-11:30AM Three Concurrent Breakout Tracks (Select 1 if not participating in Leadership Track)

Sports Services Training Camp [] Meeting Planner Roundtable (SESSION IS FULL)
Capitalizing on Collaboration: Charlotte's RNC bid – a Case Study, Successes, Challenges []

Saturday, January 12, 2019 2:45-4:45PM Five Mobile Workshops (Select 1 – Space is limited for each workshop)

Disability Etiquette Workshop [] Convention Center Tour & Sustainability Program [] Service Recovery Program (SESSION IS FULL)
Crisis Management Active Shooter Training [] Authentic Event Experiences and How to Best Package your Destination Assets (SESSION IS FULL)

Sunday, January 13, 2019 10:30-11:30AM Three Concurrent Breakout Tracks (Select 1 if not participating in Leadership Track)

Moving Up! Growing Your Group from In-House to a Convention Center City Wide []
Let's Talk Forecasting Room Blocks with CVBs and Hotels [] Service Recovery, Part Two []

Sunday, January 13, 2019 11:45AM-12:45PM Three Concurrent Breakout Tracks (Select 1 if not participating in Leadership Track)

Are You a Partner and Trusted Resource? [] Creative Tools for Attendance Building [] Superpowers for Event Service []

Sunday, January 13, 2019 1:45PM-3:45PM Three Concurrent Breakout Tracks (Select 1 if not participating in Leadership Track)

How to Make the Most of Free Labor [] You did WHAT for a Site Visit?! (SESSION IS FULL)
Gifts, Amenities and Promo Items []

OPTIONAL – Sunday, January 13, 2019 6:00-8:00PM Off Site Dinner at Strike City

Yes, I will attend (Fee \$69) [] No, I will not attend []

SECOND ATTENDEE INFORMATION

NAME (First, Last): _____ BADGE NAME: (if different): _____

TITLE: _____ DESIGNATION: _____

E-MAIL: _____

DAY PHONE: _____ MOBILE PHONE (In case of emergency): _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE NUMBER: _____

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NAME (First, Last): _____ BADGE NAME: (if different): _____

TITLE: _____ DESIGNATION: _____

E-MAIL: _____

DAY PHONE: _____ MOBILE PHONE (In case of emergency): _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE NUMBER: _____

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NAME (First, Last): _____ **BADGE NAME:** (if different): _____

TITLE: _____ **DESIGNATION:** _____

E-MAIL: _____

DAY PHONE: _____ **MOBILE PHONE** (In case of emergency): _____

EMERGENCY CONTACT NAME: _____ **EMERGENCY CONTACT PHONE NUMBER:** _____

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DAY PHONE: _____ **MOBILE PHONE** (In case of emergency): _____

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****Once your registration is processed, you will receive an email confirmation. At that time, you may log-in to the "My ESPA Portal" and go to "My Events," you can add any optional excursions and Day of PCMA to your registration****

CONFERENCE FEES

Registration Policies

Additional excursions are non-refundable.

Conference registration cancellations received in writing by December 3, 2018 are eligible for a 50% refund on the ESPA Registration fee only. There are no refunds for cancellations received after this date; this includes cancellations that occur due to weather or other day-of air travel delays / cancellations as it is understood that ESPA has already included you in counts for F&B and other arrangements and is therefore is responsible for all costs related to attendance.

By signing this form, you authorize ESPA to charge your credit card for the registration fees.

If paying by check, please mail form and payment to: ESPA, 191 Clarksville Rd, Princeton Jct, NJ 08550.

Please check choice of payment. Payment is required for your registration to be processed.

VISA MasterCard Am. Express Discover Check

CREDIT CARD#: _____

EXP DATE: _____

CARDHOLDER NAME: _____

SIGNATURE: _____

By signing, I agree to the cancellation policy above.

	All fees are listed in US Dollars	Advanced Registration (Postmarked by 11/10/18)	Regular (after 11/10/18)
<input type="checkbox"/>	Organization Member for 3 people	\$1,989	\$2,319
<input type="checkbox"/>	Organization Member for 4 people	\$2,620	\$3,060
<input type="checkbox"/>	Organization Member for 5 people	\$3,225	\$3,775

TOTAL DUE: _____
Include any additional fees in this total

SPECIAL MEAL REQUEST AND/OR SPECIAL NEEDS



Check here if you have special meal needs or if you require special assistance to participate fully in the conference.

Specify need:

Please return this form to ESPA Headquarters either by:

Email: info@espaonline.org

Fax: 609-799-7032

Mail: 191 Clarksville Road
Princeton Junction, NJ 08550