

**ACPDC 2018**Rev. Jan 2017  
EduSerc, Inc.**Exhibitor Registration**  
**(Schools, Businesses, Nonprofits, Colleges)**For Official Use:  
Date Received: \_\_\_\_\_**Instructions:** Complete this form in its entirety and mail the form to EduSerc, Inc. P.O. Box 2536, Laurel 20709 or email to registration@eduserc.org**1) Individual & Organization Information****1a** Full name \_\_\_\_\_**1b** Organization Name \_\_\_\_\_**1c** Job Title / Occupation (if applicable) \_\_\_\_\_**1d** Mailing Address (room, apt, suite no, P.O. box) \_\_\_\_\_**1e** City, State, Zip Code \_\_\_\_\_**1f** County or municipality \_\_\_\_\_**1g** Phone \_\_\_\_\_**1h** Fax \_\_\_\_\_**1i** Email \_\_\_\_\_**2a) General Exhibit / Information Booth Option**

(includes registration for two people)

**i) Type**☐ Business ☐ Non Profit**ii) Full Name – Exhibitor #1** \_\_\_\_\_**iii) Full Name – Exhibitor #2** \_\_\_\_\_**2b) Booth Activities / Interactive Hands On Demos**

Please describe the demonstrations &amp; booth activities you will have: \_\_\_\_\_

**Exhibit Setup Times****Exhibit Hours (each day):**

Apr 12 - 12:30pm – 3:00pm

**Setup:** 9:00am – 10:00am**Breakdown:** 3:00pm – 4:00pm**3) Referral Code** (please enter referral code if applicable) \_\_\_\_\_**4) Target Audiences**☐ Elementary Students ☐ Middle/High School Students ☐ College Students ☐ Adults / Parents ☐ Schools / School Systems☐ Businesses / Corporations ☐ Industry Professionals ☐ Other \_\_\_\_\_**5) Career Industries** (check all that apply)

<input type="checkbox"/> Architecture	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Finance	<input type="checkbox"/> Journalism	<input type="checkbox"/> Social / Human Services
<input type="checkbox"/> Arts & Entertainment	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Government	<input type="checkbox"/> Law / Legal	<input type="checkbox"/> Sports
<input type="checkbox"/> Automotive	<input type="checkbox"/> Education	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Military	<input type="checkbox"/> Other
<input type="checkbox"/> Business	<input type="checkbox"/> Engineering	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Non Profit	
<input type="checkbox"/> Communications	<input type="checkbox"/> Fashion	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Real Estate	

**6) What types of resources and/or information will you providing at your table(s)?**

<input type="checkbox"/> Job / Internship / Career Opportunity	<input type="checkbox"/> Hands-On Experience	<input type="checkbox"/> Summer Program / After School Program Info
<input type="checkbox"/> Networking Contacts / Candidates	<input type="checkbox"/> Scholarship / College Info	<input type="checkbox"/> Mentors / Role Models / Tutors
<input type="checkbox"/> Career Plan Assistance	<input type="checkbox"/> Workforce Development Solutions	<input type="checkbox"/> Financial Aide / Financial Mgmt Assistance
<input type="checkbox"/> Economic Dev. Solutions	<input type="checkbox"/> Personal Development Training	<input type="checkbox"/> Professional Development Training
		<input type="checkbox"/> Other

**7) Registration Details****Select The Conference Day(s) You Are Exhibiting:**

- ☐ **Apr 12 – Annual Career & Professional Development (Day 1)**  
(Expo, Professional Development, One-on-One Sessions)  
(General Public / Corporations / General / Non Profits / Schools / Colleges / Youth)
- ☐ **Apr 13 - Annual Career & Professional Development (Day 2)**  
(Career Development, Industry Competitions)  
(Young Innovators Competitions)

**8) Exhibitor Registration Fee**

Rate	Business	Non Profit	High Schools	Total
<input type="checkbox"/> Apr 12 (incl. Apr 13)	\$250	\$150	Free	_____

**Total Registration Fee:** \_\_\_\_\_

(Expo is Thursday only; however you are registered for both days to participate)

**Method of Payment**☐ American Express ☐ Master Card ☐ Visa ☐ Check / Money Order (Make Payable to EduSerc, Inc.)

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Billing City/State/Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Billing Phone: \_\_\_\_\_