



**2008 3<sup>RD</sup> ANNUAL EXPORT EXPO**  
***Sponsor/Vendor Registration Form***  
**Thursday, October 30, 2008**  
**8:00 AM – 3:00 PM**

A-B Tech Center for Business and Technology Incubation  
 North Carolina Department of Commerce

**PLEASE RETURN SPONSOR/VENDOR REGISTRATION FORM  
 TO JILL SPARKS BY WEDNESDAY, SEPTEMBER 12, 2008**

**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**TYPE OF SPONSORSHIP:** *(please check one)*

\_\_\_\_\_ Expo Underwriter (\$1,000 - Includes Vendor Booth and 8 registration passes)

\_\_\_\_\_ Expo Supporter (\$500 - Includes Vendor Booth and 4 registration passes)

\_\_\_\_\_ Expo Vendor (\$100 - Includes Vendor Booth and 2 registration passes)

**HOW MANY REPRESENTATIVES FROM YOUR ORGANIZATION WILL ATTEND THIS EVENT?** \_\_\_\_\_

**NAME OF EACH REPRESENTATIVE ATTENDING THIS EVENT:** \_\_\_\_\_

*(Please have each representative complete a registration form on page 2 and return by September 3, 2008)*

**BOOTH SET-UP TIME:** *(please check one)*

\_\_\_\_\_ I/We will NOT have a booth

\_\_\_\_\_ Wednesday, October 29, 5:00-6:30 PM

\_\_\_\_\_ Thursday, October 30, 6:30-7:30 AM

**PLEASE NOTE: Table size for booths: 18" x 72" . We do not have tablecloths for the tables nor wireless Internet.**

**SPECIAL NEEDS FOR VENDOR BOOTH** *(access to an electrical outlet, easel, etc):* \_\_\_\_\_

\_\_\_\_\_ **PAYMENT ENCLOSED**

\_\_\_\_\_ **AMOUNT OF CHECK**

**PLEASE EMAIL/FAX OR MAIL FORM TO:**

Jill M. Sparks, Director, Small Business Center/Business Incubator

A-B Tech

1465 Sand Hill Road, Suite 1060

Candler, NC 28715

828.418.1002 (fax)

828.254.1921 Ext. 5849 (phone)

jsparks@abtech.edu



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## Registration Form

Thursday, October 30, 2008

8:00 AM – 3:00 PM

A-B Tech Center for Business and Technology Incubation  
North Carolina Department of Commerce

**PLEASE HAVE EACH ORGANIZATION REPRESENTATIVE COMPLETE THIS REGISTRATION FORM AND RETURN TO JILL SPARKS BY WEDNESDAY, SEPTEMBER 12, 2008**

First Name (*Print exactly as you want to appear on name tag*)

Last Name

Organization/Employer

Business Address

Street

City

State

Zip

Email Address

Phone (*include area code*)

Date of Birth (*required*)

Social Security # (last four digits only)

Signature

Date

**BREAK OUT SESSIONS:** Every effort will be made to accommodate your presentation preferences. However, classroom space is limited. Please refer to agenda for a list of presentations and indicate A, B, C or D for each time slot.

9:00 AM 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

10:00 AM 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

11:00 AM 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

1:15 PM: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

\_\_\_\_ Yes, my company would like to meet individually with a representative from either the NC Department of Commerce or US Commercial Service between 2:30 – 3:00 PM. Please indicate countries of interest and industry sector: \_\_\_\_\_

### LUNCH

Vegetarian lunch requested

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