



**2016 EEOC EXCEL TRAINING CONFERENCE  
 EXHIBITOR REGISTRATION FORM**

**REGISTRATION INFORMATION:** To Be Completed By the Organizational Point of Contact (POC)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Job Title \_\_\_\_\_ Email Address \_\_\_\_\_  
 Organization Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ + 4 (Zip Code) \_\_\_\_\_  
 Business Telephone ( ) \_\_\_\_\_ ( if TTY, please check) Fax No. ( ) \_\_\_\_\_  
 Company/Agency Tax ID Number \_\_\_\_\_

**EXHIBITOR TEAM INFORMATION:** Only complete this section if different than the POC above.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Job Title \_\_\_\_\_ Email Address \_\_\_\_\_  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Job Title \_\_\_\_\_ Email Address \_\_\_\_\_  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Job Title \_\_\_\_\_ Email Address \_\_\_\_\_

**EXHIBITOR PACKAGES:**

Exhibitor Options	Select Qty	Exhibitor Package Cost	Amount Due
Deluxe Exhibitor Package		\$1,600	
Exhibitor Package		\$1,400	
Additional Meal Ticket		\$435	
<b>Total Payment Due</b>			

**PAYMENT INFORMATION:** For payment by credit card, complete the information below. For payment by check, enclose the check with this registration form. All payments can be made electronically on-line.

Payment Method: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_ Expiration Date: (MM/YY): \_\_\_\_\_  
 Security Code REQUIRED: \_\_\_\_\_ Cardholder E-Mail Address: \_\_\_\_\_  
 Name on the Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**By Completing This Registration Form, You Agree to All Applicable Institute Policies**

# 2016 EXCEL Conference Exhibitor Registration

1. **MAIL** your registration application with payment to: **EEOC Training Institute, 6841 Elm Street #1092, McLean, VA 22101**

**CONFIRMATION:** Exhibitors will receive an e-mail or fax confirmation **only** upon completion of the registration form **and** receipt of payment.

**BILLING POLICY:** Substitutions for meal tickets are permitted at any time prior to the start of the Conference. If you cancel your registration on or before ten business days before the start of the conference, your fee will be refunded minus a \$100 processing fee. There will be no refunds for cancelations less than ten business before the start of the conference.

**PAYMENT INFORMATION** Payment by credit card OR electronic check is preferred.

## **OTHER POLICIES:**

**HOTEL ARRANGEMENTS:** Lodging is **not covered** by the conference registration fee. Exhibitors are responsible for their own hotel and travel arrangements

## **CONTACT INFORMATION:**

If you have any questions regarding the Exhibitor packages or other exhibitor related issues, please contact the EXCEL Exhibitors Committee:

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E-mail: [mary.tiernan@eeoc.gov](mailto:mary.tiernan@eeoc.gov)

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