

SIBA 2017 ATTENDEE DISCOVERY SHOW REGISTRATION

Your Contact Information & Listing

Contact Name: _____ Address: _____

Contact E-mail: _____

*Company Name: _____

_____ City: _____

Phone: _____ State: _____

Fax: _____ Zip: _____

Facebook URL: _____

Twitter URL: _____

Pinterest URL: _____

Website URL: _____

*Please list your company *exactly* as you wish it to appear on your badge(s).

Your Badge Information* -- *unlimited free badges for show attendees!*

Name	E-mail	First Time?	Price
			FREE
			FREE
			FREE
			FREE
			FREE
			FREE
			FREE
			FREE

*Badges will not be mailed ahead of time. They will be available for pick up on site.

Survey

1. Tell us your bestselling display idea:

2. Tell us the one thing you plan to accomplish at the show:

TURN OVER FOR TICKET & PAYMENT INFORMATION

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Your Meal Ticket Reservations

Event

Price/Ticket # of Tickets

NOTE:

An ALLPASS ticket saves you \$15 and includes one ticket to each meal, *including* the Industry Breakfast.

FRIDAY

7:00 AM

Noon

7:00 PM

SATURDAY

7:30 AM

1:00 AM

6:00 PM

SUNDAY

7:30 AM

Noon

ALLPASS to all meals

\$259.00

Industry Breakfast

FREE

Kick Off Author Lunch

\$39.00

SIBA Supper

\$49.00

Breakfast

\$19.00

Saturday Author Luncheon

\$39.00

Dinner

\$49.00

Breakfast

\$19.00

Moveable Feast

\$59.00

Ticket Total: \$ _____

Your SIBA Membership Dues

Stop! Have you checked your membership status? If you are not exhibiting, you MUST be a current member of SIBA to attend the Discovery Show. Your membership status will be confirmed on site and you will not receive your badge(s) unless your membership is up to date.

NOTE:

Any ticket reservations that are unpaid when registration closes on 9/10 will be released.

Core Bookstore Member Dues: \$150.00

Associate Member Dues: \$500.00

Industry Member Dues: \$195.00

Dues Total: \$ _____

Payment Information:

Late fee (after 9/1): \$75.00

Yes! I'd like to make a donation to the Book Industry Charitable Foundation (Binc) __ \$25 __ \$50 __ \$75 __ \$100

Credit Card _____

Billing Address _____

Zip Code _____

Exp. Date: _____ / _____ CVV _____

Name on Card _____

Signature _____

Grand Total: \$ _____

_____ Check Enclosed

Checks can be made payable to SIBA, (tax ID 64-0695341) and sent to SIBA, 3806 Yale Avenue, Columbia, SC 29205. Or faxed to SIBA at 309.410.0211