

SIBA 2018 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

NOTE:

An ALLPASS ticket to every meal saves you \$15.

IMPORTANT!

Meal ticket prices double on site.

SAVE MONEY!

Earn \$100 in SIBA credit for referring a first-time exhibitor. Ask at wanda@sibaweb.com

THURSDAY

7:00 AM

Noon

7:00 PM

FRIDAY

7:30 AM

1:00 AM

6:00 PM

SATURDAY

7:30 AM

Noon

Event

ALLPASS to all meals

Industry Breakfast

Kick Off Author Lunch

SIBA Supper

Breakfast

Saturday Author Luncheon

Dinner

Breakfast

Moveable Feast

Price/Ticket # of Tickets

\$259.00

FREE

\$39.00

\$49.00

\$19.00

\$39.00

\$49.00

\$19.00

\$59.00

Ticket Total: \$ _____

Your SIBA Membership Dues

NOTE:

Any ticket reservations that are unpaid when registration closes on 9/1 will be released.

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.

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

Credit Card _____

Billing Address _____

Zip Code _____

Exp. Date: _____ / _____ CVV _____

Name on Card _____

Signature _____

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

Grand Total: \$ _____

____ Check Enclosed

Checks can be made payable to SIBA, (tax ID 64-0695341) and sent to SIBA, 51 Pleasant Ridge Dr., Asheville, NC 28805. Or faxed to SIBA at 309.410.0211