

TRANSPORTATION SAFETY CONFERENCE



**Roadway Safety:
It's About
Slashing the Crash**
April 17-18, 2012 • Topeka, Kansas

Exhibitor Registration

Organization Information

Company Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

Registrations received after March 8, 2012 will not be guaranteed a listing in the printed program.

Fee Information

____ For-profit organization (includes registration for one exhibitor attendee, table and chairs) \$150
____ Non-profit organization (includes registration for one exhibitor attendee) \$100
____ Each additional exhibitor attendee (use this form) \$50
____ Additional exhibitor table \$20

TOTAL \$ _____

Exhibitor Information Please reserve an exhibit space for my organization. The following people will attend:

Exhibitor's Full Name & Job/Title: _____

Address: _____ City/State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

Exhibitor's Full Name & Job/Title: _____

Address: _____ City/State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

**Use separate sheet for additional exhibitors.*

Payment is required at time of registration:

Only registrations with payment will be processed.

Mail or Fax to:

KU Continuing Education Registrations
1515 Saint Andrews Drive
Lawrence, KS 66047-1619

Phone: 785-864-5823 / toll-free 877-404-5823

Fax: 785-864-4871

____ State interfund voucher


____ Check enclosed, payable to the University of Kansas

____ Credit Card company _____

Card # _____ Exp. _____

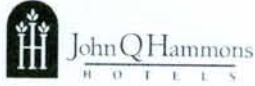
Name on card (print) _____

Cardholder's phone # (_____) _____

 _____ Special Accommodations Requested: Please check for a representative to contact you.

The University of Kansas is committed to providing programs and activities to all persons, regardless of race, religion, color, national origin, ancestry, sex, age, disability and veteran status. In addition, university policies prohibit discrimination on the basis of sexual orientation, marital status and parental status.

If you need special space requirements, electricity or internet connections, please use the **Capitol Plaza Credit Card Authorization Form** found online at KUCE Web site: <http://www.continuinged.ku.edu/programs/transportation/exhibitors.php>. It should be faxed or mailed to the Capitol Plaza Hotel, Topeka, Attn: Rita McCart. The Hotel should be paid directly for exhibitor electrical needs.



Press to Print Form

After Printing, Fill in the Remaining Fields, Sign and FAX. Do Not Email

Credit Card Payment Authorization Form

Please complete all cardholder areas below and submit the signed and dated form to the FAX number listed below.

Do not send the completed form by Email.

This form must be received at least five (5) days prior to Check-In, or by the data specified within the event contract, to ensure that the credit card is accepted and approved.

Please Fax Completed Form To: 785-235-0723

Attention: RITA MCCART

Date Submitted: _____

For Hotel Use Only:

Authorized Amount: _____	Approval Code: _____	Date: _____
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Cardholder: Please complete the following section. Sign and date at the bottom of this form.

Guest / Group Name: _____	Check-In / Event Date: _____
Name of Person Making Reservation: _____	Phone: _____
Cardholder Name Exactly as it Appears on the Credit Card: _____	
Cardholder Billing Address: _____	
Daytime / Business Phone: _____	Evening Phone: _____
Credit Card Type: (Circle One)	
<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> JCB <input type="radio"/> Diners Club	
Credit Card Number: _____	Expiration Date: _____
Credit Card Issuing Bank Name: _____	Phone: _____
I agree to cover, and pay for, the following categories of charges: (Please circle all that apply)	
<input type="checkbox"/> All Charges <input type="checkbox"/> Room & Tax <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Catering <input type="checkbox"/> Liquor <input type="checkbox"/> Paid Movies <input type="checkbox"/> Valet Parking <input type="checkbox"/> Standard Parking <input type="checkbox"/> Laundry <input type="checkbox"/> Gift Shop <input type="checkbox"/> Spa Services <input type="checkbox"/> Spa Retail <input type="checkbox"/> Recreation <input type="checkbox"/> Long Distance Phone <input type="checkbox"/> Local Phone <input type="checkbox"/> Federal Express	
I agree to cover, and pay for, the above categories of charges up to a Maximum Amount of: _____	

Direct Bill Account Payments Only:

Name on Invoice / Statement: _____	Date on Invoice / Statement: _____
Invoice / Statement Number: _____	Authorized Amount: \$ _____

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of Check-Out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to the Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed above. You further acknowledge that if "all charges" has been selected, then all guest / group related charges (less Deposit) will be charged to the above card number at the time of Check-Out or event conclusion.

Cardholder Signature: _____ Date: _____

CAPITOL PLAZA HOTEL

1717 SW TOPEKA BLVD.
 TOPEKA, KANSAS 66612
 (785) 431-7200
(785) 235-0723 (Fax)

Exhibit Booth and Display Electrical/Internet Form

Terms (please read)

Retain a copy for your records

- Return form and payment to the Capitol Plaza Hotel.
- **The form and payment must be received no later than 3 weeks prior to show opening to guarantee electrical set up.**
- All requests for services after your arrival are subject to the availability of equipment and services of our electricians. All advance orders will be given priority.
- If you are not certain of your requirements, please call for assistance
- No services will be provided without a signed copy of this form or before payment is received.
- Surge protection for equipment must be provided by exhibitor

Name of Convention _____	Show date _____	Booth # _____
Company Name _____		
Street Address _____		
City _____	State _____	Zip Code _____
Contact Name _____		Company Phone # _____
Method of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Check
	<input type="checkbox"/> Credit Card	Make checks payable to :Capitol Plaza Hotel
Authorized Signature _____		

The appropriate electrical (volts/amps) must be purchased so the hotel can provide proper delivery of electrical requirements. Power strips will not be permitted to increase the amount of outlets. (Hotel will provide power strips upon request at an additional cost.)

ELECTRICAL CIRCUITS:

120 VOLT, SINGLE PHASE

Quantity	Discount Price	Price	Total
_____	1 or 2 outlets/5 amps each	\$45.00 each	_____
_____	3 or 4 outlets/10 amps each	\$55.00	_____
_____	5 or 6 outlets/15 amps each	\$65.00	_____

220 VOLT, SINGLE PHASE

_____	1-10 outlet/30 amps	\$150.00	_____
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208 VOLT AC Single phase Service

_____		\$250.00	_____
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208 VOLT AC Three Phase Service

_____		\$345.00	_____
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(OVER)

INTERNET ACCESS (Provided by Capitol Plaza Hotel)

_____ \$50.00 _____

(The following items are required to access the Internet)

1. A computer with Microsoft Windows 95/98, NT v4.0, CE or Mac.
2. An Ethernet card. (If you don't have one, you can easily pick one up at a local computer store)
3. A web browser (Netscape Navigator or Microsoft Internet Explorer)

PHONE LINES

If a phone line is required, exhibitor will need to contact Southwestern Bell Telephone and arrange for a temporary phone line to be installed. (Southwestern Bell Telephone 1-800-464-7928) Please contact the hotel (prior to installation) if these arrangements have been made. Southwestern Bell Telephone will need to identify your company and conference name before installation will be allowed.

It is our intent to provide quality utility services for our client. However, the Capitol Plaza Hotel cannot be responsible for any damages to electrical, mechanical and computer equipment which is caused by power surge, voltage drop, loss of building power by Public Service or any other failure which is deemed "Act of God". It shall be the responsibility of the client to provide surge protection for their equipment and act in good faith with installation and removal of all equipment, including, but not limited to any electrical, mechanical and computer equipment. It shall also be the responsibility of the client to ensure their equipment is properly secured and unplugged during non-operating hours.

CAPITOL PLAZA HOTEL

1717 SW TOPEKA BLVD.
TOPEKA, KANSAS 66612
(785) 431-7200

SHIPPING INSTRUCTIONS:

For any exhibitors who would like to ship their booths or materials prior to the show please abide by the following. Shipping of materials will be accepted and received four days prior to the show. Any items that are received prior to the four days will not be accepted due to the limited amount of space in our receiving area.

Please label your boxes etc... with the following information:

- Name of convention you are attending
- Dates of convention
- Your company name, address, phone number and booth number

All shipments can be shipped to the following address:

**Capitol Plaza Hotel
Attn: Banquet Dept.
1717 SW Topeka Blvd
Topeka, Kansas 66612**

Arrangements must be made for the return of boxes/crates after the show.

UPS - If shipping by UPS, when you are making arrangements to have items shipped to the hotel, you can request an A.R.S. sticker for the return of items. If items to be picked up are clearly marked and properly addressed including phone number and account/billing number, they may be left in the exhibit room. **The hotel cannot call for any UPS pickup, arrangements must be made by the individual or company shipping the items.** The hotel does not supply UPS pick-up forms.

Federal Express - If shipping by Federal Express, when you are making arrangements to have items shipped to the hotel, you can request for pick-up of items. If items to be picked up are clearly marked and properly addressed including phone number and account/billing number, they may be left in the exhibit room. The hotel will call Federal Express for a one time pick up. The hotel can provide you with forms for pick-up.

If you use a carrier other than UPS or Federal Express, exhibitor must make arrangements for pick-up and have shipping materials properly marked with address including phone number and account/billing number. Materials must be picked up within two days.