



If registering multiple attendees, please copy this form—one for each individual attendee—and fill out the **company name** and **attendee information**. Full company and payment information only needs to be provided with the first registration form.

COMPANY CONTACT INFORMATION

Company: _____

Address (No PO Boxes): _____

City/State/Zip Code: _____

Company Registration Contact: _____

Email: _____

Telephone: _____

To assure your listing, **PLEASE FILL OUT THE ENTIRE REGISTRATION FORM**. Convention app and badge listings will be based on information listed on this form. All badges will be available on-site.

COMPANY PRODUCT CATEGORIES

Please circle all that apply

- | | | |
|--|------------------------|--------------------------------------|
| 1. Abrasives & Brushes | 11. Fluid Power | 20. Precision Measuring & Inspecting |
| 2. Adhesives, Sealants & Tape | 12. Hand & Power Tools | 21. Pumps & Filtration |
| 3. Bearings | 13. Hose and Fittings | 22. PVF |
| 4. Chemicals, Lubricants and Equipment | 14. HVAC | 23. Raw Materials |
| 5. Clamping & Workholding | 15. Jan/San | 24. Safety |
| 6. Cutting Tools & Metalworking | 16. Machinery | 25. Seals, Gaskets & Accessories |
| 7. Electric | 17. Marking & Labeling | 26. Shipping & Office Supplies |
| 8. Electrical & Lighting | 18. Material Handling | 27. Welding & Soldering |
| 9. Facilities Maintenance | 19. Power Transmission | |
| 10. Fasteners | | |

ATTENDEE INFORMATION

Please only fill out one registration and guest registration per form.

Name: _____ Title: _____

City/State/Prov: _____

Email: _____

Special Needs (dietary, religious, physical, etc.): _____

GUEST INFORMATION

"Guests" are any non-industry attendee (e.g., spouses, children, friends, etc.). Guests cannot walk the Convention Hall floor, and cannot attend educational programming.

Name: _____ Title: _____

City/State/Prov (used for badge): _____

Special Needs (dietary, religious, physical, etc.): _____

TERRITORY INFORMATION

Please list (below) all of the territories your company covers:

PAYMENT INFORMATION

Please use the form below to calculate your total registration cost.

Registration Type	Qty.	Before February 1	After February 1	Total
Member		\$675	\$775	
Non Member		\$1250	\$1350	
Non-Member - First-time Attendee		\$850	\$950	
Guest		\$250	\$250	
		Grand Total:		

Payment Options

For registration by mail, we only accept payment by check. Please make all checks payable to the **Industrial Supply Association**. Our mailing address is:

Industrial Supply Association • 100 North 20th Street, Suite 400 • Philadelphia, PA 19103

If you would like to pay by credit card, please visit www.isaconvention.org and click "register" or call (866) 460-2360.

Registration Deadlines

All mailed applications **must** be postmarked by **April 1**. After April first registration will only be accepted on-site at the Convention and online at www.isaconvention.org. The registration early bird discounted rates are available until 11:59PM EST, January 31, 2018.

Registrations will **NOT** be processed without payment. **MEMBERS WHO ARE NOT IN GOOD STANDING WILL AUTOMATICALLY BE CHARGED THE NON-MEMBER REGISTRATION FEE.**

Cancellation Policy

Cancellations must be made in writing (email info@isapartners.org) by March 31, 2018 and are subject to a \$125 processing fee. **No refunds** will be issued on cancellations received after this date, or for conference no-shows.

Distributor/IMR Day

All registered Distributor and IMR companies will be assigned one (1) 10' x 10' booth location on the floor of the convention center at no charge on Sunday, April 23 ("Distributor Day"). If additional booths are required, please contact Maria Joe at (866) 460-2360 or mjoe@isapartners.org.

ISA Convention 2018

100 N. 20th Street, Suite 400 • Philadelphia, PA 19103 • Tel: (866) 460-2360 • Fax: (215) 564-2175 or (877) 460-2365

Registration Contact: jboyle@isapartners.org • **Booth Contact:** info@isapartners.org