



**95TH ANNUAL  
CONFERENCE**  
JUNE 20-25, 2018  
COLUMBUS, OH

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**ATTENDEE LIST ORDER FORM**

Help promote your companies presence at the show before you get on-site! Order the Attendee List for your pre or post show mailings. **An attendee file will be sent to any bonded mail house you specify for a one-time usage only.**

**Cost:**

Attendee List Fee is \$85 (fees are nonrefundable).

**Deadline for Order:**

Although we are happy to send you the registered attendee list at any time, the actual number of contacts will vary depending on when you request the list. Most registrations occur by Friday, May 5, 2017.

Date needed by: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please allow 5 working days to process your order)

**Purchasing Company Information:**

Contact Exhibiting  
Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

**E-mailed to: (Bonded Mail House) *List will not be sent to exhibiting companies directly.***

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ **E-mail \*:** \_\_\_\_\_

**Payment Information:**

Check is enclosed (payable to ADHA)

Please apply charges to (please circle) VISA MasterCard Discover Amex  
(Please note: A 3% credit card processing fee will be added)

Card Number: \_\_\_\_\_ VCode: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Remittance:**

Please send your \$85 payment with this form to ADHA Meetings Team:

**Mail to:** 444 N. Michigan Ave.  
Suite 400  
Chicago, IL 60611

**Email to:** [exhibits@adha.net](mailto:exhibits@adha.net)

**Questions?** Phone: (312) 440-8900 **Email:** [exhibits@adha.net](mailto:exhibits@adha.net)