

# EXHIBITOR BADGE FORM

## 2018 ISA Annual International Conference & Trade Show

Name badges will be created for the individuals listed on this form. Badges may be picked up at the registration counters at the Greater Columbus Convention Center labeled "Pre-Registration". If you are attending a Pre-Conference workshop at Franklin Park, your registration package will need to be picked up at the ISA registration desk located at Franklin Park in Wells Barn. Save time in the registration line; complete and return this form by 27 July.

**Instructions:** Please fill out this form and return to ISA by 27 July 2018. Completed forms may be returned to ISA by mail: ISA Registration, PO Box 3129, Champaign, IL 61826-3129 or by fax: +1 217.355.9516.

Complimentary Badges			
Badge Type	100 or 200 sq. ft. (Inline)	300-400 sq. ft. (Inline)	400 sq. ft. or more (Bulk Space)
Conference Package	1	2	2
Trade Show Plus (Booth Personnel)	2	2	5

**Conference Package includes:** Sunday Branch Out Sessions, Sunday Arboriculture Celebration and Welcome Reception, Monday Town Halls, Monday-Wednesday Educational Sessions, Monday-Tuesday Trade Show with Climbers' Corner. Break and reception refreshments are included along with Monday Exhibitors' Kickoff Breakfast and a breakfast on Tuesday. Transportation is also provided for the ITCC & Arbor Fair/Expo from the convention center to Franklin Park Friday-Sunday.

**Trade Show Plus (Booth Personnel) includes:** Access to all activities that take place on the Trade Show Floor during all show hours including Sunday Welcome Reception, Monday Town Halls, and Climbers' Corner sessions. This registration also provides access to Sunday Branch Out Sessions, Sunday Arboriculture Celebration, and Monday President's Welcome and Featured Presentation. Break and reception refreshments are included along with Monday Exhibitors' Kickoff Breakfast and a breakfast on Tuesday. Transportation is also provided for the ITCC & Arbor Fair/Expo from the convention center to Franklin Park Friday-Sunday.

\*Additional badges may be purchased by visiting the ISA website ([www.isa-arbor.com/conference](http://www.isa-arbor.com/conference)).

### PUBLICITY CONSENT (Required)

Individuals will need to note their consent with their personal information on the following pages.

1. I authorize ISA staff, and event volunteers, and other ISA contracted individual's permission to take photographs or video of me that may be used and published in either print or electronic media. I understand that ISA posts photography notices stating other individuals do not have permissions to use photos or video in any manner without consent of the ISA or the individual photographed.
2. I authorize ISA to provide event photos that may include my image to commercial entities, such as event sponsors, for use in promoting their participation and support of the event. Any other commercial use of the photos must have written consent of ISA and the individual photographed.
3. I authorize with or without said photographs, ISA may publish my name for any lawful purposes such as publicity materials, media releases, social media, and advertising.

### BOOTH INFORMATION

(TYPE OR PRINT CLEARLY)

COMPANY NAME \_\_\_\_\_ BOOTH # \_\_\_\_\_ SIZE OF BOOTH \_\_\_\_\_ sq. ft.

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_

## CONFERENCE PACKAGE BADGE 1

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ ISA MEMBER # \_\_\_\_\_

EMAIL \_\_\_\_\_ ISA CERTIFIED # \_\_\_\_\_

Please provide an emergency contact name and phone number for ISA staff to use in an emergency situation. ISA staff may provide your emergency contact name and phone number to emergency personnel in the event of a medical emergency.

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY CONTACT # \_\_\_\_\_

The following demographic information will update all previous account data. ISA uses this information to provide customized communications to our customers and to better understand and share industry trends.

### AREA OF PRACTICE – SELECT PRIMARY

- ☐ Commercial/Residential/Tree Company
- ☐ Education/Training/Research/Extension
- ☐ Landscaping/Landscape Architecture/Nursery
- ☐ Municipal/Urban Forestry/Public Works/Government
- ☐ Supplier/Manufacturer
- ☐ Utility/Vegetation Management
- ☐ Other \_\_\_\_\_

### JOB FUNCTION – SELECT ALL THAT APPLY

- ☐ Consultant
- ☐ Educator
- ☐ Landscape Architect/Horticulturist
- ☐ Marketing/Sales
- ☐ Municipal/Urban Forester
- ☐ Owner/President
- ☐ Researcher
- ☐ Student/Apprentice
- ☐ Supervisory/Management
- ☐ Trainer
- ☐ Tree Worker/Climber/Technician
- ☐ Other \_\_\_\_\_

☐ To facilitate networking, ISA provides conference partners with a registrant list which includes emails and physical mailing addresses. Please check the box if you want your information shared.

If you have special needs that may affect your participation in this event, please specify. An ISA staff member may contact you, if necessary. ISA may provide special needs considerations to ISA staff, event volunteers, and ISA contracted individuals in order to meet accommodations.

### DIETARY CONSIDERATIONS

ISA may provide dietary consideration to ISA staff, event volunteers, and ISA contracted individuals for catering menu consideration. Please select from the following dietary considerations:

- ☐ None
- ☐ Food Allergy/Intolerance
- ☐ Vegan
- ☐ Other \_\_\_\_\_
- ☐ Dairy/Casein Free
- ☐ Gluten Free
- ☐ Vegetarian

### PUBLICITY CONSENT (Required) Please see full publicity consent statements on page 1.

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2. ☐ Agree ☐ Disagree I authorize ISA to provide event photos that may include my image to commercial entities...
3. ☐ Agree ☐ Disagree ISA may publish my name for any lawful purposes...

## CONFERENCE PACKAGE BADGE 2

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ ISA MEMBER # \_\_\_\_\_

EMAIL \_\_\_\_\_ ISA CERTIFIED # \_\_\_\_\_

Please provide an emergency contact name and phone number for ISA staff to use in an emergency situation. ISA staff may provide your emergency contact name and phone number to emergency personnel in the event of a medical emergency.

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- ☐ Supplier/Manufacturer
- ☐ Utility/Vegetation Management
- ☐ Other \_\_\_\_\_

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**TRADE SHOW PLUS (BOOTH PERSONNEL) BADGE 1**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ ISA MEMBER # \_\_\_\_\_

EMAIL \_\_\_\_\_ ISA CERTIFIED # \_\_\_\_\_

Please provide an emergency contact name and phone number for ISA staff to use in an emergency situation. ISA staff may provide your emergency contact name and phone number to emergency personnel in the event of a medical emergency.

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY CONTACT # \_\_\_\_\_

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**AREA OF PRACTICE – SELECT PRIMARY**

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☐ Education/Training/Research/Extension  
☐ Landscaping/Landscape Architecture/Nursery  
☐ Municipal/Urban Forestry/Public Works/Government  
☐ Supplier/Manufacturer  
☐ Utility/Vegetation Management  
☐ Other \_\_\_\_\_

**JOB FUNCTION – SELECT ALL THAT APPLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Consultant                         | <input type="checkbox"/> Researcher                     |
| <input type="checkbox"/> Educator                           | <input type="checkbox"/> Student/Apprentice             |
| <input type="checkbox"/> Landscape Architect/Horticulturist | <input type="checkbox"/> Supervisory/Management         |
| <input type="checkbox"/> Marketing/Sales                    | <input type="checkbox"/> Trainer                        |
| <input type="checkbox"/> Municipal/Urban Forester           | <input type="checkbox"/> Tree Worker/Climber/Technician |
| <input type="checkbox"/> Owner/President                    | <input type="checkbox"/> Other _____                    |

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- |  |   |                                     |                                      |
|--|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> None              | <input type="checkbox"/> Food Allergy/Intolerance | <input type="checkbox"/> Vegan      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dairy/Casein Free | <input type="checkbox"/> Gluten Free              | <input type="checkbox"/> Vegetarian |                                      |

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**TRADE SHOW PLUS (BOOTH PERSONNEL) BADGE 2**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ ISA MEMBER # \_\_\_\_\_

EMAIL \_\_\_\_\_ ISA CERTIFIED # \_\_\_\_\_

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☐ Landscaping/Landscape Architecture/Nursery  
☐ Municipal/Urban Forestry/Public Works/Government  
☐ Supplier/Manufacturer  
☐ Utility/Vegetation Management  
☐ Other \_\_\_\_\_

**JOB FUNCTION – SELECT ALL THAT APPLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Consultant                         | <input type="checkbox"/> Researcher                     |
| <input type="checkbox"/> Educator                           | <input type="checkbox"/> Student/Apprentice             |
| <input type="checkbox"/> Landscape Architect/Horticulturist | <input type="checkbox"/> Supervisory/Management         |
| <input type="checkbox"/> Marketing/Sales                    | <input type="checkbox"/> Trainer                        |
| <input type="checkbox"/> Municipal/Urban Forester           | <input type="checkbox"/> Tree Worker/Climber/Technician |
| <input type="checkbox"/> Owner/President                    | <input type="checkbox"/> Other _____                    |

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- |  |   |                                     |                                      |
|--|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> None              | <input type="checkbox"/> Food Allergy/Intolerance | <input type="checkbox"/> Vegan      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dairy/Casein Free | <input type="checkbox"/> Gluten Free              | <input type="checkbox"/> Vegetarian |                                      |

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**TRADE SHOW PLUS (BOOTH PERSONNEL) BADGE 3**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ ISA MEMBER # \_\_\_\_\_

EMAIL \_\_\_\_\_ ISA CERTIFIED # \_\_\_\_\_

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- ☐ Municipal/Urban Forestry/Public Works/Government
- ☐ Supplier/Manufacturer
- ☐ Utility/Vegetation Management
- ☐ Other \_\_\_\_\_

**JOB FUNCTION – SELECT ALL THAT APPLY**

- ☐ Consultant
- ☐ Educator
- ☐ Landscape Architect/Horticulturist
- ☐ Marketing/Sales
- ☐ Municipal/Urban Forester
- ☐ Owner/President
- ☐ Researcher
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- ☐ Supervisory/Management
- ☐ Trainer
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**TRADE SHOW PLUS (BOOTH PERSONNEL) BADGE 4**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ ISA MEMBER # \_\_\_\_\_

EMAIL \_\_\_\_\_ ISA CERTIFIED # \_\_\_\_\_

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- ☐ Municipal/Urban Forestry/Public Works/Government
- ☐ Supplier/Manufacturer
- ☐ Utility/Vegetation Management
- ☐ Other \_\_\_\_\_

**JOB FUNCTION – SELECT ALL THAT APPLY**

- ☐ Consultant
- ☐ Educator
- ☐ Landscape Architect/Horticulturist
- ☐ Marketing/Sales
- ☐ Municipal/Urban Forester
- ☐ Owner/President
- ☐ Researcher
- ☐ Student/Apprentice
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- ☐ Trainer
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**TRADE SHOW PLUS (BOOTH PERSONNEL) BADGE 5**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ ISA MEMBER # \_\_\_\_\_

EMAIL \_\_\_\_\_ ISA CERTIFIED # \_\_\_\_\_

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- ☐ Supplier/Manufacturer
- ☐ Utility/Vegetation Management
- ☐ Other \_\_\_\_\_

**JOB FUNCTION – SELECT ALL THAT APPLY**

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- ☐ Educator
- ☐ Landscape Architect/Horticulturist
- ☐ Marketing/Sales
- ☐ Municipal/Urban Forester
- ☐ Owner/President
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## TICKETED EVENTS

(Pre-registration deadline is 27 July 2018. Prices will increase onsite. Tickets are limited.)

EVENT			PRICE	# OF TICKETS	TOTAL COST	PERSON TO RECEIVE TICKET (Must be someone listed on this form)
FRIDAY-SUNDAY 3-5 AUGUST	<b>Tree Anatomy (Three-day Workshop) (FP)</b> <i>8:00 am–5:00 pm Fri/Sat; 8:00 am–3:00 pm Sunday</i>	ISA Member	\$695			
		Non-Member	\$750			
FRIDAY 3 AUGUST	<b>Street Tree Master Planting Design Workshop (FP)</b> <i>8:00 am–12:00 pm</i>		\$85			
	<b>Soil Quality Assessment and Management for Urban Trees Workshop (FP)</b> <i>1:00 pm–5:00 pm</i>		\$85			
SATURDAY 4 AUGUST	<b>Top Knots Workshop (FP)</b> <i>8:00 am–12:00 pm</i>		\$85			
	<b>Law and Order Workshop (GCCC)</b> <i>8:00 am–5:00 pm</i>		\$220			
	<b>ASTI Workshop: Z133, the New Standard—What You Need to Know and Why You Need to Know It (FP)</b> <i>1:00 pm–5:00 pm</i>		\$25			
SUNDAY 5 AUGUST	<b>Using the 10th Edition of the Guide for Plant Appraisal Workshop (GCCC)</b> <i>8:00 am–5:00 pm</i>		\$220			
	<b>Tree Tour of Green Lawn Cemetery (Departs GCCC)</b> <i>9:00 am–12:00 pm</i>		\$50			
	<b>Diagnostic Discovery Walk-About: Sharpen Your Scouting and Tree Problem-Solving Skills (Departs GCCC)</b> <i>1:00 pm–4:00 pm</i>		\$50			
MONDAY 6 AUGUST	<b>Evolution of Modern Tree Climbing Workshop (GCCC)</b> <i>9:30 am–11:00 am</i>		\$30			
	<b>Women in Arboriculture Breakfast</b> <i>7:00 am–8:00 am</i>		\$20			
	<b>AREA Meeting and Student Social</b> <i>5:30 pm–8:00 pm</i>	ISA Member/Non-member	\$15			
		ISA Student Member Price	\$5			
TUESDAY 7 AUGUST	<b>TREE Fund After Hours Buckeye Bash</b> <i>6:00 pm–7:00 pm</i>		\$0			
WEDNESDAY 8 AUGUST	<b>The Ohio State University Campus Tour</b> <i>9:00 am–11:30 am</i>		\$85			
	<b>SCA Field Day</b> <i>9:15 am–3:30 pm</i>		\$58			
	<b>SMA: A Walking Tour of Downtown Columbus Trees</b> <i>9:15 am–4:15 pm</i>		\$60			

TOTAL

\$ \_\_\_\_\_ USD

## Method of Payment

☐ **Check enclosed, payable in US dollars (USD), to ISA Registration**

**Credit Card:** Please charge my ☐ Visa ☐ AmEx ☐ Mastercard

(Your card will be charged at the time the registration form is received and processed.)

FOR SECURITY PURPOSES PLEASE SUBMIT FORM VIA MAIL OR FAX  
TO +1 217.355.9516.

Card Number\_\_\_\_\_

Exp. Date\_\_\_\_\_

Name as it appears on card\_\_\_\_\_

Billing address of card\_\_\_\_\_

Signature\_\_\_\_\_

(I agree to pay for the total amount shown on the form according to the  
card issuer's agreement.)

### REGISTRATION CONFIRMATION

A registration confirmation will be emailed approximately 7 days after  
the registration form and payment have been received.

### CANCELLATION POLICY

A processing fee of \$100 USD will be charged for all cancellations  
received on or before 27 July 2018. Refunds are not available after  
27 July 2018.

**TOTAL PAYMENT ENCLOSED** (All dollar amounts shown in USD)

\$\_\_\_\_\_USD

## Notification

International Society of Arboriculture is committed to protecting your privacy and developing technology that gives you the most powerful and safe  
experience. This Statement of Privacy applies to International Society of Arboriculture events. (<https://www.isa-arbor.com/ISA-Privacy>)

**QUESTIONS?** Please visit [www.isa-arbor.com/conference](http://www.isa-arbor.com/conference), send an email to [conferencereg@isa-arbor.com](mailto:conferencereg@isa-arbor.com), or call +1 217.355.9411.

### OFFICE USE ONLY

Date Received\_\_\_\_\_ Check #\_\_\_\_\_ Check total\_\_\_\_\_ Date Entered\_\_\_\_\_ Entered by\_\_\_\_\_