

EXHIBITOR BADGE FORM

2019 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 Knoxville Convention Center labeled "Pre-Registration." Save time in the registration line; complete and return this form by 1 July.

Instructions: Please fill out this form and return to ISA by 1 July 2019. Completed forms may be returned to ISA by mail: ISA Registration, 270 Peachtree Street, Suite 1900, Atlanta, GA 30303 or by fax: +1 240.547.1795. Forms received after 1 July may not be accepted.

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: This package includes all registration materials, Sunday Arboriculture Celebration and Welcome Reception, Monday - Wednesday Educational Sessions, Monday – Tuesday Trade Show with Climbers' Corner. Break refreshments are included along with Monday Exhibitors' Kickoff Breakfast. Transportation will be scheduled to run between Knoxville Convention Center and Lakeshore Park for the ITCC & Arbor Fair/Expo Friday-Sunday.

Tickets may be purchased for Pre-Conference Workshops, Wednesday "Choose Your Own Adventure," and additional events on the Tickets page.

Trade Show Plus (Booth Personnel) includes: This package includes all registration materials, Sunday Arboriculture Celebration and Welcome Reception, Monday – Tuesday Trade Show with Climbers' Corner. Break refreshments are included along with Monday Exhibitors' Kickoff Breakfast. Transportation will be scheduled to run between Knoxville Convention Center and Lakeshore Park for the ITCC & Arbor Fair/Expo Friday – Sunday. This registration also provides access to Monday President's Welcome and Featured Presentation.

Tickets may be purchased for Pre-Conference Workshops, Wednesday "Choose Your Own Adventure," and additional events on the Tickets page.

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 indicate your permissions below (Required):

- ☐ Yes, I consent to ISA sharing my name, email and physical mailing address with conference partners.
- ☐ No, I do not consent to ISA sharing my name, email and physical mailing address with conference partners.

SPECIAL CONSIDERATIONS

If you have special needs that may affect your participation in this event, please specify. An ISA staff member may contact you, if necessary. _____

Please select from the following dietary considerations:

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

In order to ensure that special accommodations and/or dietary needs are available, ISA may need to provide this information to ISA staff, volunteers and/or contracted individuals for consideration.

- ☐ Yes, I consent to ISA sharing my special needs/selected dietary considerations with ISA staff, volunteers and/or contracted individuals.
- ☐ No, I do not consent to ISA sharing my special needs/selected dietary considerations with ISA staff, volunteers and/or contracted individuals.

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 # _____

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TRADE SHOW PLUS (BOOTH PERSONNEL) BADGE 1

FIRST NAME _____ LAST NAME _____ ISA MEMBER # _____

EMAIL _____ ISA CERTIFIED # _____

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JOB FUNCTION – SELECT ALL THAT APPLY

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If you have special needs that may affect your participation in this event, please specify. An ISA staff member may contact you, if necessary. _____

Please select from the following dietary considerations:

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☐ Gluten Free
☐ Vegan
☐ Vegetarian
☐ Other _____

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FIRST NAME _____ LAST NAME _____ ISA MEMBER # _____

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☐ Supplier/Manufacturer
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☐ Other _____

JOB FUNCTION – SELECT ALL THAT APPLY

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TRADE SHOW PLUS (BOOTH PERSONNEL) BADGE 3

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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☐ 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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☐ 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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TRADE SHOW PLUS (BOOTH PERSONNEL) BADGE 5

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JOB FUNCTION – SELECT ALL THAT APPLY

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- ☐ Educator
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TICKETED EVENTS

(Pre-registration deadline using this form is 1 July 2019. 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 9 – 11 AUGUST	Tree Anatomy (Three-day Workshop) <i>8:00 a.m. – 5:00 p.m. Fri/Sat; 8:00 a.m. – 3:00 p.m. Sunday</i> No onsite registrations accepted.	ISA Member	\$695			
		Non-Member	\$750			
SATURDAY 10 AUGUST	University of Tennessee Campus and Gardens Tour* <i>8:30 a.m. – 12:00 p.m.</i>		\$50			
	Effective Report Writing Workshop (Requires laptop) <i>9:00 a.m. – 3:15 p.m.</i>		\$225			
	Tour of the City of Knoxville Urban Forest* <i>1:00 p.m. – 4:00 p.m.</i>		\$50			
SUNDAY 11 AUGUST	Documenting Evidence Workshop <i>9:00 am–4:15 p.m.</i>		\$195			
	An Overview of the Utility Specialist Certification Study Guide <i>1:00 p.m. – 5:00 p.m.</i>		\$90			
MONDAY 12 AUGUST	Hands-On Diagnostic Workshop <i>1:00 p.m. – 3:00 p.m.</i>		\$120			
	Women in Arboriculture Reception (Hilton) <i>5:00 p.m. – 7:00 p.m.</i>		\$20			
	AREA Meeting and Student Social (Calhoun's on the River) <i>6:30 p.m. – 8:30 p.m.</i>	ISA Member/Non-member	\$15			
		ISA Student Member Price	\$5			
TUESDAY 13 AUGUST	TREE Fund After Hours/"Toast With the Host" (Jackson Terminal) <i>6:00 p.m. – 9:00 p.m.</i>		\$0			
WEDNESDAY 14 AUGUST	SCA Field Day <i>9:00 a.m. – 4:00 p.m.</i>		\$58			
	SMA: Municipal Specialty Workshop <i>9:00 a.m. – 4:00 p.m.</i>		\$100			

*Depart from the Knoxville Convention Center's Clinch Ave. entrance.

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.

Card Number _____

Security Code _____

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 2 August 2019. Refunds are not available after 2 August 2019.

TOTAL PAYMENT ENCLOSED (All dollar amounts shown in USD)

\$ _____ USD

Please submit this form with your payment to:

ISA Registration
270 Peachtree Street, Suite 1900
Atlanta, GA 30303 (US)

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 <https://www.isa-arbor.com/conference>,
send an email to conferencereg@isa-arbor.com, or call +1 678.367.0981.

OFFICE USE ONLY

Date Received _____ Check # _____ Check total _____ Date Entered _____ Entered by _____