

# EXHIBITOR REGISTRATION FORM

## Transportation Engineering and Safety Conference

December 11-13, 2024

Payment is required to secure your spot in this program. Complete the form in full and return to Penn State by November 14, 2024.

**\* Required Information** — Please provide all information as it appears on your government-issued identification. Penn State requires the collection of personal information to create and maintain accurate and secure records. Penn State is committed to keeping personal and institutional information secure. Your registration will not be processed if required fields are not completed.

### Exhibitor: Company Information

\$815.00 Booth fee includes two (2) complimentary registrations & one 6' skirted table

Company Name (as it should appear in all printed materials) \_\_\_\_\_

Mailing address (no. and street, or box no.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Company website \_\_\_\_\_

### Exhibit Location Preference

Exhibit locations will be assigned in the order that this registration form and payment are received. The following areas may be available on a first-come, first-served basis.

- First-floor lobby area
- First-floor refreshment break area
- Second-floor refreshment break area
- No preference

Place my company exhibit next to\*: \_\_\_\_\_

*Note: Both companies must request.*

### Exhibitor: First Participant Information (included in booth fee)

**\*Indicates Required Information.** Please provide all information as it appears on your government-issued identification.

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

\*Home Address: Street \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Country \_\_\_\_\_ \*Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

Registration confirmation and logistical information will be sent to this email address.

\*Company Name \_\_\_\_\_

Occupational title \_\_\_\_\_

Please enter your name and pronouns as you would like them to appear on your program materials:

\*First name \_\_\_\_\_ \*Last name \_\_\_\_\_

\*Pronouns:

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- I'll type my pronouns: \_\_\_\_\_
- Prefer not to provide

Special dietary or accommodation needs (if none, leave blank): \_\_\_\_\_

*Penn State encourages qualified persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Karen Dinunzio, kxd20@psu.edu, in advance of your participation or visit.*

\*Select your student status:

- Non-Student
- Penn State Undergraduate Student
- Penn State Graduate Student
- Undergraduate Student
- Graduate Student

\*I give permission to include my name, preferred email address, and company name on the conference participant list shared with participants and exhibitors:     Yes         No

Preconference Workshop Rates (optional; December 11, 9:00 a.m. – 12:00 p.m.)

- \$50.00 – Traffic Academy – Temporary Traffic Control Modules
- \$50.00 – New DM2
- \$50.00 – Traffic Incident Management; How YOU can make a difference!
- \$50.00 – Turner Fairbanks Highway Research Center Virtual Tour

## Illness Acknowledgement

Attendance at any public event involves certain unavoidable risks such as exposure to or infection by transmissible diseases, viruses, and other illnesses (including, but not limited to, COVID-19 and its variants). Your presence at events or programs hosted by The Pennsylvania State University indicates your assumption of any and all such risk as well as your agreement to adhere to all University policies including, but not limited to, those intended to mitigate the spread of transmissible illnesses. As a member of our community or guest, it is your responsibility to practice basic health, safety, and sanitation measures and avoid engaging in Penn State sponsored programs and activities when symptomatic with any commonly spread transmissible illness.

## Exhibitor: Second Participant Information (included in booth fee)

**\*Indicates Required Information.** Please provide all information as it appears on your government-issued identification.

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

\*Home Address: Street \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Country \_\_\_\_\_ \*Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

*Registration confirmation and logistical information will be sent to this email address.*

\*Company Name \_\_\_\_\_

Occupational title \_\_\_\_\_

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## Exhibitor: Third Participant Information

**(The fee is \$275, copy this page as needed for additional participants)**

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\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

\*Home Address: Street \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Country \_\_\_\_\_ \*Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

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Occupational title \_\_\_\_\_

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## Registration Fee Summary

<b>Exhibit Fee</b> (includes two complimentary exhibitor participants)		= <b><u>\$ 815.00</u></b>
<b>Additional Participants</b>	# _____ @ \$275 each	= \$ _____
<b>Pre-Conference Workshops</b>	# _____ @ \$50 each	= \$ _____
<b>Extra Skirted Table</b> (one included in exhibit fee)	# _____ @ \$55 each	= \$ _____
<b>Ethernet Cable</b>	# _____ @ \$45 each	= \$ _____
<b>Total Payment:</b>		<b>\$ _____</b>

*Exhibitor registrations must be received no later than Thursday, November 14, 2024. A \$50 administrative fee will be charged for cancellations. Cancellation requests must be received in writing by November 15, 2024, by email at [PSUconferences@psu.edu](mailto:PSUconferences@psu.edu). After this date, no refunds will be accepted.*

## Payment Information

Choose your method of payment below. The Pennsylvania State University's federal ID number is 24-6000376.

- Credit Card. Use the invoice number and date in your invoice email to make a payment online at <https://register.outreach.psu.edu>. Registration is pending until payment is received.
- Check or money order enclosed for amount indicated, signed and payable to The Pennsylvania State University
- Enclosed is a purchase order (made payable to The Pennsylvania State University) or letter of authorization from my employer or sponsoring organization.
- Penn State employees only – SIMBA JE# \_\_\_\_\_ Please contact [noncredit@psu.edu](mailto:noncredit@psu.edu) for account information.

## Send all registration pages and payment to:

Conferences & Institutes Registration

Penn State Non-Credit Registration Office

Via USPS: PO Box 410, State College, PA 16804

Via UPS/FedEx: 100 Innovation Boulevard, Suite 120, State College, PA 16803

Phone: 814-867-4973 (Monday-Friday, 8:00am – 4:30pm)

Fax: 814-863-2765

Email: [noncredit@psu.edu](mailto:noncredit@psu.edu)