



DoD Commercial Satcom
USERS WORKSHOP

**2009 DoD WORKSHOP
GOLD SPONSOR**

1 Table-Top Exhibit + 4 Exhibitor Passes

SPONSOR INFORMATION

Contact Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

EXHIBITOR PASSES: Indicate the names, titles & contact information of all the attendees.

Exhibitor 1 - Name: _____

Title: _____ Telephone: _____

Email: _____

Exhibitor 2 - Name: _____

Title: _____ Telephone: _____

Email: _____

Exhibitor 3 - Name: _____

Title: _____ Telephone: _____

Email: _____

Exhibitor 4 - Name: _____

Title: _____ Telephone: _____

Email: _____

REGISTRATION FEES: \$4,500 SIA MEMBER/\$5,500 NON-MEMBER

PAYMENT:

Check Amount enclosed: \$ _____ (Make check payable to **SIA**)

Credit Card Amount to be processed: \$ _____

Credit Card _____ Expiration Date: _____

Cardholder Name: _____

State: _____ Zip Code: _____ Phone: _____

Signature: _____

Please fax completed form to +1 202 349 3622