



**DoD Commercial Satcom**  
**USERS WORKSHOP**

**2009 DoD WORKSHOP**  
**PLATINUM SPONSOR**

**1 Prime Exhibit + 5 Exhibitor Passes**

**COMPANY 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: \_\_\_\_\_

Registration 3 - Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Exhibitor 4 - Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Exhibitor 5 - Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

**REGISTRATION FEES: \$10,000 SIA Member - \$12,000 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 +1202 349 3622**