



DoD Commercial Satcom
USERS WORKSHOP

2009 DoD WORKSHOP
SILVER SPONSOR

1 Table-Top Exhibit + 3 Exhibitor Passes

Sponsor Information

Contact Name: _____ Title _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Exhibitor Information: 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: _____

REGISTRATION FEES: \$3,500 SIA MEMBER/\$4,500 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