



Exhibitor Pre-Registration Form – MANTS 2020

Use This Form,
ONLY
If You Do
Not Wish To
Register
On-Line

PLEASE TYPE OR PRINT:

Company Name: _____

Primary Contact Name: _____
(please list all show registrants below and note that primary contact must also be listed if attending)

Address 1: _____ **Address 2:** _____

Postal code/zip: _____ **City:** _____ **State:** _____

Country: _____

Telephone: _____ **Ext** _____

Mobile / Cell: _____ **Fax:** _____

Please register the following persons: (Children 17 and under, and accompanied by their parent, are free, but you must give us their names and indicate their age.)

Total Number of Registrations: _____ **Total Registration Fee:** _____
(Over two per booth @ \$15.00; after December 6 @ \$25.00)

Total Registration Fee Submitted: \$ _____

Payment Information

Payment must accompany registration. Faxed registrations must include a valid credit card with the information requested above. In the event that the total amount due is miscalculated on this form, MANTS authorizes CDS to adjust this amount and charge the registrant for the corrected amount.

Payment Type (√ one): MC _____ VISA _____ Personal Check _____

Credit Card Number: _____ Expiration Date: _____

Name (Please Print as it appears on card): _____

Authorized Signature: _____

Please fax credit card payments to: (508) 743-9658, **Or mail registration forms with payment to:** MANTS, c/o CDS • 7 Technology Park Drive • Bourne, MA 02532

Sorry, No Telephone Registrations. No Refunds.

On occasion, show management takes promotional photos and videos of event related activities. Your registration at MANTS is considered permission for us to use your likeness in such photos and videos.