



## ATTENDEE LIST ORDER FORM

Help promote your companies presence at the show before you get on-site! Order the Attendee List for your pre or post show mailings. **An attendee file will be sent to any bonded mail house you specify for a one-time usage only.**

### Cost:

Attendee List Fee is \$85 (fees are nonrefundable).

### Deadline for Order:

Although we are happy to send you the registered attendee list at any time, the actual number of contacts will vary depending on when you request the list. Most registrations occur by Friday, May 8, 2015.

Date needed by: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please allow 5 working days to process your order)

### Purchasing Company Information:

Contact Name: \_\_\_\_\_ Exhibiting Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

### E-mailed to: (Bonded Mail House) *List will not be sent to exhibiting companies directly.*

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \*: \_\_\_\_\_

### Payment Information:

Check is enclosed (payable to ADHA)

Please apply charges to (please circle) VISA MasterCard Discover Amex  
(Please note: A 3% credit card processing fee will be added)

Card Number: \_\_\_\_\_ VCode: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Remittance:

Please send your \$85 payment with this form to ADHA Meetings Team/Attendee List:

Mail to: 444 N. Michigan Ave. Suite 3400 Chicago, IL 60611  
Fax to: (312) 467-1806 Email to: [exhibits@adha.net](mailto:exhibits@adha.net)

**Questions?** Phone: (312) 440-8900 Email: [exhibits@adha.net](mailto:exhibits@adha.net)