



Wednesday, June 25, 2008
Rosemont, Ill.

ONSITE REGISTRATION FORM

Yes, I want to attend Destinations Showcase Conference & Expo! I understand that this opportunity is available to qualified meeting planners *only*, and certify that I am *not* affiliated with a hotel, meeting facility, conference / convention center, CVB, chamber of commerce, or other industry supplier. I understand that soliciting by non-exhibitors is strictly prohibited, that no one under 18 years of age will be admitted, and that show management reserves the right to remove anyone violating these policies from the floor.

Signature _____ Date _____

ADMISSION OPTIONS **STEP 1: CONTACT INFORMATION**

For faster processing, complete this entire form and bring it with you to the attendee registration counter.

Full Conference & Expo Pass
 Includes admission to two morning breakout session, keynote lunch, and expo hall. **\$30 processing fee applies.**

Select form of payment:
 Visa MasterCard AmEx Discover
 Cash Check # _____

FREE Expo Only Pass
 Includes admission to the expo hall only. No processing fee. Passes will not be sold in advance. **Offer not available until 1:30 pm on Wednesday, June 25.**

Please PRINT clearly using ALL CAPS and fully complete this form.

Priority Code (from mailing label, ad, or email): **Courtesy Title:**
 D | S | | | | Mr. Ms. Mrs. Miss Dr.

First Name: _____ **Last Name:** _____

Organization (please do not use acronyms): _____

Job Title: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ - _____ **Fax:** (_____) _____ - _____

Email Address: _____

Web Site: _____

STEP 2: QUALIFICATIONS **STEP 3: PROFESSIONAL PROFILE**

1. Years as a Meeting Planner:
 Less than 2
 2 – 5
 6 – 9
 10 or more

2. Professional Designation (if applicable):
 CMP CSEP
 CEM CGMP
 CAE Other: _____

3. Professional Affiliations (current member of):
 ACME IAEM
 ASAE MPI
 CIC PCMA
 Other: _____

4. Planner / Organization Type:
 Student Editorial Staff
 Association / Non-Profit / Union
 Corporation
 Government Agency / Contractor
 Hotel / CVB / Supplier
 Independent / AMC
 Religious
 Travel Agent / DMC
 Other: _____

Please use statistics from your LARGEST event.

5. Number of Meetings Per Year:
 1 – 5 21 – 50
 6 – 10 51+
 11 – 20 None

6. Avg. Number of Hotel Rooms (Peak Night):
 1 – 99 700 – 999
 100 – 299 1,000+
 300 – 499 None
 500 – 699

7. Avg. Number of Attendees:
 1 – 99 700 – 999
 100 – 299 1,000 – 4,999
 300 – 499 5,000
 500 – 699 None

8. Do you use exhibit facilities?
 Yes No

9. If yes, Gross Square Feet:
 Less than 10,000
 10,000 – 49,999
 50,000 – 99,999
 100,000 – 299,999
 300,000 – 499,999
 500,000+

10. Number of Concurrent Meeting Rooms:
 1 11 – 20
 2 – 5 21+
 6 – 10 None

11. Date of Next Meeting Open to Booking a Facility:
 Month Year
 Jan. – Mar. 2008
 Apr. – Jun. 2009
 Jul. – Sep. 2010
 Oct. – Dec. 2011 / beyond

12. Name/Location of Last Meeting:
 Event Name: _____
 City/State: _____

13. Do You Hold Meetings Internationally?
 Yes No

14. If yes, what destinations would you consider (check all that apply)?
 Canada Caribbean
 Mexico / Latin America Africa
 Asia
 Australia / Oceania Europe
 Middle East

15. Preferred U.S. Regions for Meetings:
 Northeast Midwest
 Mid-Atlantic Central
 South West
 Southwest Northwest

So that we may continue to offer free or low-cost admission, Destinations Showcase may provide your information to exhibitors/sponsors who wish to promote their destinations, facilities, products, or services. Check this box if you do NOT wish to share your phone or fax numbers. **DMAI will NEVER share your email address without prior permission.**

SHOW MANAGEMENT USE ONLY

Received: _____

Approved: _____

Entered: _____

THANK YOU!