

**2019 Statewide EXPO – March 5, 2019 -- Compro Event Center  
4155 W. Cardinal Dr., Beaumont, Texas 77705 -- Registration Form  
- - - Seminar Workshops & EXPO & Spot Bid Fair, Open to the Public - - -**

Complete and submit this registration form with applicable fee(s) to be paid prior to EXPO to be an Exhibitor, or to be a non-exhibitor who will be participating in the event's networking luncheon.

**REGISTRATION OPTIONS**

**Check the box(es) identifying your registration:**

**Exhibitor Registration**

- \*Golden Triangle Minority Business Council M/WBE/HUB Member Exhibitor \$150 (\$200 after 03/1/19)
- \*Non-Golden Triangle Minority Business Council M/WBE/HUB Member Exhibitor \$200 (\$250 after 03/1/19)
- \*Governmental/Corporation Entity Exhibitor (i.e. State Agencies/Universities, Corporations, City, County, Federal) \$225 (\$275 after 03/1/19)
- \*\*Additional Exhibitor Attendee(s), if you checked this box in addition to one of the boxes above, indicate the number of additional attendees: \_\_\_\_\_ X \$25 ea. (\$45 after 03/1/19)

\*Registration includes a 6' table, two chairs, exhibit booth space, and two free networking luncheon tickets. \*\*Registration includes additional seating for exhibit booth space and one free networking luncheon ticket per additional attendee.

**Non-Exhibitor Networking Luncheon Registration**

- \*\*\*Non-Exhibitor Networking Luncheon Attendee(s), if you check this box indicate the number of attendees: \_\_\_\_\_ X \$25 ea. (\$45 after 03/1/19)

(\*\*\*Registration includes one networking luncheon ticket per attendee.)

**COMPANY AND POINT OF CONTACT INFORMATION**

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

Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)

Point of Contact: \_\_\_\_\_  
(First Name) (Last Name) (Business Phone) (Email Address)

**ATTENDEE INFORMATION**

**List all individuals who will be attending the event.**

	<small>(First Name)</small>	<small>(Last Name)</small>	<small>(Business Phone, if different than above.)</small>	<small>(Email Address)</small>
Attendee #1:	_____	_____	_____	_____
Attendee #2:	_____	_____	_____	_____
Attendee #3:	_____	_____	_____	_____
Attendee #4:	_____	_____	_____	_____
Attendee #5:	_____	_____	_____	_____

**METHOD OF PAYMENT**

**Check the box identifying your method of payment, complete information and remit registration form and payment as indicated below.**

- Check     Money Order     American Express     Carte Blanche     Diners Club     Master Card     Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Name of Credit Card Holder: \_\_\_\_\_  
(First Name) (Last Name)

Billing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)

Enter total amount to be billed if paying by credit card: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Note: Payment by credit card can be faxed to the number listed below.

**Mail-Remit to:** Golden Triangle Minority Business Council, Inc. • Post Office Box 5064 • Beaumont, Texas 77726-5064

**Point of Contact:** Beverly Hatcher at Ph: 409-962-8530 • FAX: 409-892-1787 • Email Address: [hatcher.beverly@gtmbc.com](mailto:hatcher.beverly@gtmbc.com)

Note: Be sure to wear your company name tag to the event, otherwise peel and stick name tags will be available.