



**Contractors Transportation
Management Association
2010 Workshop**

June 21 - 25, 2010

***Managing Safety and Compliance
in an Accelerated American Recovery
and Reinvestment Act (ARRA) World***

Exhibitor Registration Form

The Nines Hotel

525 SW Morrison • Portland, OR 97204

For Reservations: 1-877-229-9995 and request CTMA 46th Annual Workshop Group Rate

Attendee 1	Attendee 2
Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
City: _____	City: _____
State/Prov: _____	State/Prov: _____
Zip/Post. Code: _____	Zip/Post. Code: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-mail: _____	E-mail: _____

Exhibitor Registration Fees:

Make Registration payable to CTMA

- | | | |
|---|-----------------|-------|
| <input type="checkbox"/> Exhibitor Fee (Includes two attendees) | \$650.00 | _____ |
| <input type="checkbox"/> Late Exhibitor Fee (Received after May 21, 2010) | \$750.00 | _____ |
| <input type="checkbox"/> Additional Attendees (Please list on 2nd page) | \$450.00 (each) | _____ |

Please Indicate Participation:

	# Participants	\$ Amount
Early Registration and Reception, Monday, June 21st	_____	No Charge
Banquet, (2 tickets included with registration fee), Thursday, June 24th	_____	No Charge
Additional Banquet Tickets (\$50 each)	_____ x \$50.00	\$ _____
Golf Tournament , Wednesday, June 23rd	_____ x \$60.00	\$ _____
Number of Club Rentals _____ Right _____ Left	_____ x \$25.00	\$ _____
TOTAL REGISTRATION FEES		\$ _____



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Additional Attendee	Additional Attendee
Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
City: _____	City: _____
State/Prov: _____	State/Prov: _____
Zip/Post. Code: _____	Zip/Post. Code: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-mail: _____	E-mail: _____

**PLEASE INDICATE IF YOU ARE INTERESTED IN SPONSORING ONE OR MORE OF THE FOLLOWING EVENTS:
(Make checks or credit cards payable to The Nines Hotel)**

Refreshments/Break (\$650.00) _____ Banquet _____ Reception _____ Other _____

SPONSORSHIP TOTAL: _____

Sponsors will be recognized in the CTMA 2009 Packet, during the exhibits and at the appropriate event. Contributions will be endorsed as:

\$500 - \$1,000	BRONZE
\$1,001 - \$1,500	SILVER
\$1,501 - \$2,000	GOLD
\$2,001 +	PLATINUM

Return Registration Form to:



Randy Dillon
P.O. Box 117
Oak Ridge, TN 37830-0117

Email: Randy.dillon@orau.org
TEL: 865-241-5947 FAX: 865-576-5576

Exhibitor Booth Information (1 table, 2 chairs provided)

Booth Dimension or Tabletop _____

Number of Electrical Outlets _____

Number of Additional Chairs _____

Payment Options:

- Mail check
- Online payment (Paypal, Visa, Mastercard, American Express)