



ERA's 44th Management and Marketing Conference

for Electronics Industry Representatives and Manufacturers

October 6 - 8, 2009 (See note below re: the *Optional Pre-Conference Program*)
 Oak Brook Hills Marriott Resort
 Oak Brook (Chicago), IL

REGISTRATION FORM

Please **PRINT** clearly.

Each conference attendee must be listed on a registration form.

(Please check the appropriate box to describe your company and provide the information requested.)

Rep Firm (# of employees: _____)

Manufacturer (Est. annual sales \$ _____)

Indicate your association membership(s): ERA

Other _____ None

Company Name _____

Street Address _____

City _____

State / Zip _____

Phone _____ Fax _____

• Registrant #1 _____

Title _____

Name for Badge _____

E-mail _____

Spouse or Guest Attending _____

• Registrant #2 _____

Title _____

Name for Badge _____

E-mail _____

Spouse or Guest Attending _____

OPTIONAL PRE-CONFERENCE PROGRAM

Registration for the optional Pre-Conference Program (for REPS ONLY) is being handled separately. Reps registering for the full conference will be able to attend this event at **NO CHARGE**. For reps not attending the full conference, the registration fee is \$200.

ACCOMMODATIONS

(per room, per night, single or double occupancy)

• Deluxe guest room (with one king or two queens) **\$159**
 (Rate is subject to 11% tax.)

For hotel reservations, call **800-228-9290** or **630-850-5555**.

Be sure to specify you are attending the ERA Conference.

Please make hotel reservations **AS SOON AS POSSIBLE** to ensure space in ERA's room block.

REGISTRATION FEES - Per Person

Pre-conference VALUE – BEFORE SEPT. 10, 2009:

	1st Registrant	Addl. Registrants
• ERA Member Firm	\$545	\$495
• Non-member Firm	\$695	\$645

For registrations received AFTER SEPT. 10, 2009:

• ERA Member Firm	\$595	\$545
• Non-member Firm	\$745	\$695

The fee includes all conference programming, all materials and many foodservice functions (two breakfasts, all coffee breaks, one lunch and the Welcome Reception).

DEPOSIT & PAYMENT

Payment must accompany your registration. Choose one:

Full payment is enclosed.

Check enclosed (payable to ERA) for \$ _____ **OR**

Charge \$ _____ to this account:

MC Visa Amex Discover

Card # _____

Exp. Date _____

Authorized Signature _____

Print name on card _____

NOTE: One OPTIONAL event – ERA's 75th anniversary party – is scheduled during the conference on Oct. 7. Registrants will receive advance information on the event and additional cost.

CANCELLATION FEES

All payments will be fully refunded for cancellations received by AUG. 6. From AUG. 7 through SEPT. 6, the cancellation fee will be \$100. After SEPT. 7, the cancellation fee will be \$150.

Please check here if you have a disability that will require special services, or if you have special dietary restrictions, and attach a description of your needs.

Return this completed form and your payment to:

Electronics Representatives Association

300 W. Adams St., #617, Chicago, IL 60606

Fax: 800-372-3227 or 312-527-3783

E-mail: info@era.org

No registrations will be accepted by phone.