



Society of Accredited Marine Surveyors®

2019 IMEC

(INTERNATIONAL MEETING & EDUCATIONAL CONFERENCE)

Savannah, Georgia

September 25th – September 28th, 2019

EXHIBITOR REGISTRATION

(Please register by August 30, 2019)

Company Name: _____

Contact Name: _____

Guest: _____

Guest: _____

Address: _____

Telephone: _____ Email: _____

Website Address: _____

A display area for exhibitors will be available outside the conference room.

Set-up will be at 8 a.m. on Wednesday and end on Friday. There will be NO FEE for exhibitor booth space for the three days of displaying.

Please contact the International Office for the DeSoto Vendor Order Form to reserve your table, power, etc. and to receive shipping information.

**Exhibitors who plan to attend SAMS® Educational Programs must register as both
Exhibitor and Attendee of the SAMS® Educational Seminar.**

Those wishing to attend SAMS® Educational Seminars must use the SAMS® International Meeting & Educational Conference Registration Form. Please contact SAMS® International Office if a registration form or additional details are needed.

Please see reverse side for more information

You are invited to attend Wednesday's President's Reception and Thursday's Gala Dinner (Madison Ballroom).

1) The President's Reception - Wednesday Evening, September 25th

Do you plan on attending the President's Reception?

Yes _____ No _____ Number Attending _____

2) Gala Dinner - Thursday Evening - Thursday, September 26th

Do you plan on attending the Gala Dinner?

Yes _____ No _____ Number attending _____

Dinner Selection:

_____ Rosemary Braised Beef Short Ribs _____ Spinach Artichoke Stuffed Chicken Roulade
_____ Crab Stuffed Bass _____ Sautéed Thyme Chanterelle Mushroom Medley

Please list any special dietary needs/allergies: _____

The cost for each event (per person) is \$87.50 if received by August 30, 2019.

Type of Payment: Check Money Order Visa MasterCard Discover

PayPal (SAMS® Website)

Please note: All Credit Card and PayPal payments will be charged a 4% Convenience Fee and may be called into the International Office

Account #: _____ - _____ - _____ - _____

Expiration Date: _____ Code on Back of Card: _____

If you have any questions, please contact:

SAMS® International Office
7855 Argyle Forest Blvd., Suite 203
Jacksonville, FL 32244
Phone: (800) 344-9077 Fax: (904) 388-3958

samshq@marinesurvey.org

Return this form and your payment to SAMS® International Office