



To: All Revenue Protection Product and Service Vendors

From: Mike Stevens – IURPA Vendor Coordinator

## Exhibitor Registration for

# **2010 - IURPA / SCRPA / SURPA** **Revenue Protection Training Seminar & Conference**

June 15<sup>th</sup> -18<sup>th</sup>, Orlando, FL

- As always, the combination of SURPA, SCRPA and IURPA is expected to attract attendees from around the world. This conference will offer a wonderful opportunity to showcase your products and services to revenue protection professionals from the U.S. and abroad.
- The vendor registration fee is \$750 per vendor. This fee covers the vendor receptions of June 15<sup>th</sup> and 16<sup>th</sup> and the conference registration fee of \$225 for one vendor. **Please note that there is a separate fee of \$ 225 per attending exhibitor.** The conference exhibitor registration form is included in this document. This will also include a 6 X 30 table with skirt, and 2 chairs. If you need to add a table it will cost an additional \$75 per table.
- Set up will be Tuesday, June 15<sup>th</sup> from 3:00 PM-5:00 PM. that time. Exhibitor tear down will be on Thursday, June 17<sup>th</sup> from 4:30 PM-6:00 PM.



## HOTEL INFORMATION

[www.orlandointernationaldrive.doubletree.com](http://www.orlandointernationaldrive.doubletree.com)

- Vendors can ship their items directly to the hotel.  
Address:  
**DoubleTree Resort Orlando-International Drive**  
**10100 International Drive**  
**Orlando, Florida 32821**
- **Hotel Reservations should be made directly with DoubleTree Resort Orlando:** Reservations can be made by calling 1-407-352-1100. The conference rate is \$99.00 per night, excluding taxes. The Cut-off date for reservations is **May 17th** for the rate of \$99.00. Ask for the SOUTH CENTRAL & EAST REVENUE PROTECTION ASSOCIATION Block of rooms.
- If you have any questions, please contact Mike Stevens, at 713-294-1154



## 2010 SURPA/SCRPA/IURPA Exhibitor Registration

Please complete and fax to Ricardo Velarde at 1-713-861-8997 by **May 1, 2010**.

Mail completed form and payment by **May 1th, 2010**.  
Make checks payable to: **DeWalch Technologies, Inc.**

**Company:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

|  |              |                    |
|--|--------------|--------------------|
| <b>1 Vendor Registration</b>             | @ \$ 750     | = \$ <u>750.00</u> |
| _____ Additional table (space available) | @ \$ 75 ea.  | = \$ _____         |
| _____ Additional company attendees       | @ \$ 225 ea. | = \$ _____         |

Total Payable to **DeWalch Technologies, Inc.** = \$ \_\_\_\_\_

### Attending Exhibitor Names:

|              |               |
|--------------|---------------|
| <b>Name:</b> | <b>Title:</b> |
| <b>Name:</b> | <b>Title:</b> |
| <b>Name:</b> | <b>Title:</b> |

### Mail completed form to:

Ricardo H. Velarde  
DeWalch Technologies, Inc.  
6850 Wynnwood lane  
Houston, TX 77008

(Note: Each participating vendor receives **one vendor registration** for the primary vendor fee; there will be a \$225.00 per person charge for additional company representatives attending the conference.