



**34th SMS Annual International Conference
September 20 – 23, 2014
Madrid**

Exhibitor Registration Form

EXHIBIT ATTENDEE REGISTRATION DEADLINE: AUGUST 1, 2014

****Please list name of person/s who will be attending the conference****

EXHIBITOR ATTENDEE INFORMATION

Exhibitor Attendee Name: _____

Company: _____

Telephone: _____ E-mail _____

Exhibitor Attendee Name: _____

Company: _____

Telephone: _____ E-mail _____

REGISTRATION FEE:

As part of your exhibitor contract, you receive registration for up to 2 individuals. Please fill out the information below if you would like to bring 2 additional representatives:

US\$ 650 per person registration fee for up to 2 additional representatives

TOTAL AMOUNT: _____

METHOD OF PAYMENT:

Check

- Payable to Strategic Management Society
- Drawn on US Bank
- Must have MICR-encoded Routing & Transit/ABA & Account Number on Bottom of All Checks

Credit Card

MasterCard

Visa

American Express

The credit card number, security code, expiration date and signature authorization must be supplied before your payment can be processed.
All credit card information that you provide to SMS will be destroyed after it is processed.

Credit Card Number _____ Security Code _____ Exp. Date _____

Name on Card (Please Print) _____ Signature Authorization _____



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CANCELLATION

Any exhibitor wishing to release assigned space prior to 60 days of exhibit date, and after the SMS Executive Office has processed their application, will be refunded all but US\$ 300 of the exhibit space fee. Exhibitors canceling after July 23, 2014 will be responsible for the entire space fee and any additional company representative's registration fee. Cancellations will not be accepted after August 22, 2014. Any exhibitor who pays to bring additional representatives (above the two included in the exhibit fee) and who cancels this additional registration prior to 60 days of the exhibit date will be charged \$100. Exhibitors cancelling the additional registration after July 23, 2014 will not receive a refund.

Please **complete** and **return** this form to:

Strategic Management Society
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Chicago, IL 60607
USA

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