



Strategic Management Society

28th SMS Annual International Conference
October 12-15, 2008
Cologne, Germany

Exhibit Personnel Registration Form
(One person per form)

EXHIBIT PERSONNEL REGISTRATION DEADLINE: AUGUST 31, 2008

PERSONAL INFORMATION

Please print or type the following personal information. (Name and Affiliation to Appear on Name Badge)

Exhibit Personnel Name: _____

Job Title: _____

Affiliation: _____

Telephone: _____ Fax: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip +4: _____ Country: _____

Additional Representative Name: _____

REGISTRATION FEE:

Each representative planning to attend must complete and return a registration form along with the registration fee:

- US\$ 2,350 per booth (including up to 2 persons) – Allows **ALL** privileges of a conference attendee: admission to all program sessions, breaks, meals, and evening social events.
- US\$ 650 per person registration fee for up to 2 additional representatives

CANCELLATION

Cancellations will not be accepted within 60 days of the scheduled exhibition date of October 12, 2008. Any exhibitor wishing to cancel a company representative's registration prior to 60 days of exhibit date, and after the SMS Executive Office has processed their registration, will be refunded all but US\$ 300 of each company representative's registration fee. Exhibitors canceling after August 12, 2008 will be responsible for the entire company representative's registration fee.



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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 _____

SPECIAL NEEDS -- Dietary or other: _____

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

Strategic Management Society
Rice Building: Suite 215
815 W. Van Buren
Chicago, IL 60607
USA

Phone: 312-492-6297
Fax: 312-492-6223
Email: kfrerichs@strategicmanagement.net
Web site: www.strategicmanagement.net
Cologne Conference: cologne.strategicmangement.net