



Sports & Entertainment Alliance in Technology

The 6th Annual SEAT Sports & Entertainment Technology Conference

August 5 - 8, 2012
Boston, MA



2012 SPORTS & ENTERTAINMENT VENDOR REGISTRATION FORM

Registration fees include all seminars, course materials, venue tours, breakfasts, lunches and hospitality receptions.

VENDOR SIGN-UP

Please complete a registration form for each attendee. Payment information only needed once if paying for all vendors from the same company. **Due to capacity conference constraints, there is a maximum of 2 vendors from same company.** Thank you.

CANCELLATION

Ninety (90) or more days before show: 50% refund. Less than ninety (90) days before show: Credit for following year's show; no monetary refund.

Organization

First Name

Last Name

Title

Address

City

State

Zip Code

Phone

E-mail

Cell Phone

Yes, I would like text messages during the SEAT conference. *SEAT will have an opt-in Text Program. Text updates/information sent to your cell phone

HOST HOTEL INFORMATION:

The Liberty Hotel
215 Charles St
Boston, MA 02114
www.libertyhotel.com

THE LIBERTY HOTEL RESERVATIONS:

PHONE RESERVATIONS: 866-507-5245.

Mention: SEAT CONSORTIUM
For group rate

Registration Price:

\$1,250.00

Offer through February 14, prices raise on

February 15, 2012 to \$1,750

2012 SPONSORSHIP A LA CARTE OPTIONS:

**** Note: Some of the a la carte items are extremely limited in quantity, these are offered on a first come, first serve basis.**

If you sponsor a meal, your company is provided extensive promotional opportunities on the SEAT website, conference program, e-mail campaigns and at the buffet table with custom signage.

- ~~Sponsor conference lanyards (opportunity for only ONE vendor)~~ **\$500**
- Sponsor gift bags w/corporate logo (opportunity for only ONE vendor) **\$4,500**
- Sponsor Breakfast (Choose Monday, Tuesday or Wednesday) **\$ 5,000**
- Sponsor Lunch (Choose Monday or Tuesday) **\$ 8,000**
- Sponsor AM/PM Break (choose Monday or Tuesday) **\$ 3,500**

PAYMENT

Vendor Registration: ___ x \$1,250 per Attendee = \$

Sponsorship Option: = \$

TOTAL: = \$

Payment Information:

Check # Mastercard Visa

Card Number:

Exp. Date:

Cardholder Name:

Cardholder Signature:

Fax, Scan/E-mail or Mail Form & Payment:

Christine Stoffel
SEAT LLC
14326 W. Banff Ln, Surprise, AZ 85379
E: Christine.stoffel@seatconsortium.com
Cell: 602-639-1807 Fax: 623-243-4160





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USE THIS PAGE FOR ADDITIONAL ATTENDEES FROM YOUR ORGANIZATION

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FAX, SCAN/E-MAIL OR MAIL FORM WITH PAYMENT TO:

Christine Stoffel

SEAT LLC

14326 W. Banff Ln, Surprise, AZ 85379

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Cell: 602-639-1807