

**UTILITIES TECHNOLOGY COUNCIL – Region 6 ~ (Mid-Central Utilities Telecom Council)  
Doubletree by Hilton 10100 College Blvd. Overland Park, KS 66210  
October 12 - 14, 2020  
VENDOR ADVANCE REGISTRATION ~ Email completed forms to: [kelly.moran@utc.org](mailto:kelly.moran@utc.org)**

Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Office Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

VENDOR Registration Fee .....\$620.00

(VENDOR Registration Fee includes two complimentary attendees and ONE exhibit table)

Each additional person from the same company .....\$ 95.00

(Exhibit covered tables obtained on a first-come first-served basis after 7:00 a.m., Monday, March 23rd. Setup hours are 7:00-9:00 a.m. Monday. **Electricity will be provided for each exhibit table.** ALL EXHIBITS MUST BE REMOVED FROM THE EXHIBIT SPACE BEFORE 5:30 P.M. MONDAY)

**THE FOLLOWING ARE INCLUDED IN THE REGISTRATION FEE, but we need to know if you will attend:**

- |  |           |          |
|--|-----------|----------|
| Will you attend the <b>Monday morning Breakfast</b>                | _____ Yes | _____ No |
| Will you attend the <b>Monday Luncheon</b>                         | _____ Yes | _____ No |
| Will you attend the <b>Monday evening Dinner Event</b>             | _____ Yes | _____ No |
| Will you attend the <b>Tuesday Continental Breakfast</b>           | _____ Yes | _____ No |
| Will you attend the <b>Tuesday Luncheon</b>                        | _____ Yes | _____ No |
| Will you attend the <b>Tuesday Spotlight Vendor – Dinner Event</b> | _____ Yes | _____ No |

**Registration Fees must accompany this form or on-line registration form. To register on-line [click here.](#)**

Registrations cancelled by February 28, 2020, will receive a full refund. After February 28, 2020 registrations may be transferred to another person in the same company, but refunds will not be offered.

**Credit Card Payments:**

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CCV Code \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

**MAKE CHECKS PAYABLE TO and REMIT TO:**

Utilities Technology Council  
P.O. Box 79358  
Baltimore, MD 21279

**Questions? Please contact Kelly Moran at 302.436.4375 or via email by [clicking here.](#)**