



Additional Exhibitor Registration Form

APRIL 15-17, 2025 | LOEWS ARLINGTON HOTEL - REGISTRATION DEADLINE: APRIL 1

USE THIS FORM IF PAYING BY CREDIT CARD

ADDITIONAL EXHIBITOR REGISTRATION

DEADLINE: APRIL 1, 2025

Exhibitor Registration Fee – **\$375** x _____

Total Number Attending: _____

Total Amount Enclosed: _____

REGISTRATION INFORMATION MUST BE COMPLETE (*please type or print legibly*). **Conference registration fee is per person** and includes access to conference app, breaks with attendees, two breakfasts, one luncheon, two receptions and full access to the Conference and Trade Show events. If you require assistance or have special dietary needs, please contact the conference office at (512) 873-0045.

TYPE OR PRINT NAME AS IT WILL APPEAR ON BADGE (*use separate sheet for any additional attendees*)

Name 1: _____

Name 2: _____

Title: _____

Title: _____

Name 3: _____

Name 4: _____

Title: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Email: _____

THIS REGISTRATION IS FOR EXHIBITORS ONLY. To help us plan properly and ensure optimal processing of conference materials, complete and submit your registration as early as possible. **When paying by credit card, complete the form on the back.** Cash is accepted for on-site registration only (receipts will be provided). Your registration cannot be processed without payment in full. Registrants unable to attend may send an alternate; please notify TORCH of any changes prior to the event. **For cancellation, notify us in writing prior to April 1, 2025.** Refunds, minus a \$50 processing fee, will be available for notices received by this date. No refunds will be issued for cancellations received after this date. TORCH reserves the right to cancel or reschedule the event if deemed necessary; or should a situation beyond the control of TORCH arise to prevent holding the conference, TORCH will not be held liable for any expenses incurred by the registrants, except for the registration fee, which would be refunded. **An additional fee of \$25 will apply for on-site vendor badge substitutions.**

TORCH 2025 SPRING CONFERENCE CREDIT CARD INFORMATION

Total amount paid: _____ Date: _____

Company Name: _____

First Name: _____

Last Name: _____

Card Mailing Address: _____

City: _____

State/ZIP: _____

Phone: _____

Email: _____

CREDIT CARD INFORMATION

Card number: _____

Expiration Date: _____ Security Code: _____

(3-digit # on back of card, 4-digit on front of AMEX)