

Return to SCTE • ISBE Headquarters

- **Monday, August 20**
ONLINE ONLY Product Index Form
Directory Listing Form
- **Friday, September 7** Exhibitor Meeting Room Request Form
- **Friday, September 21** EAC/Work Authorization Request Form
- **Thursday, September 27** Agreement/Attendee List Request Form
- **Monday, October 8** Live Entertainment Form
- **Online Only** Exhibitor Badge Request Form (online through October 25)
- **Online Only** Exhibitor Badge Change Form (online through October 25)

Return to SCTE • ISBE /MCI USA Housing (formerly Wyndham Jade)

- **Monday, August 6** Exhibitor Housing Block Request
- **Monday, August 20** Exhibitor Rooming List
- **Friday, September 28** Exhibitor Housing Change
- **Thursday, September 27** Individual Housing Request

Exhibitor/Group Housing INSTRUCTIONS

GENERAL INFORMATION

All sleeping room accommodation for SCTE•ISBE's Cable-Tec Expo® will be handled through SCTE•ISBE/MCI USA Housing. Participating hotels will not honor direct reservations, and published room rates apply only to rooms reserved through the SCTE•ISBE/MCI USA Housing Block.

For each official Cable-Tec Expo® 2018 hotel, fifty percent (50%) of the rooms in the official blocks will be assigned to exhibitor personnel, with the remaining fifty percent (50%) of rooms reserved for attendees.

It is critical that the Society fulfill their commitment to the city of Atlanta and official Cable-Tec Expo® 2018 hotels by honoring the contracted hotel blocks. Hotel blocks are based on the show's history. We rely on a solid citywide sleeping rooms pick up to acquire the exhibit space we need in future Expo cities, and to provide the complimentary amenities our exhibitors have grown accustomed to receiving. **Exhibitors reserving sleeping rooms within the official show block will be awarded additional Priority Points for 2019 booth space selection.***

*See Priority Points document for specific points amounts.

HOUSING ACCOMMODATIONS

Please complete the Exhibitor Housing Block Request Form in its entirety prior to returning it to SCTE•ISBE/MCI USA Housing. Incomplete forms will not be processed. Please make sure that you do not "straight-line" your block. Also, make sure you include accurate arrival and departure dates (see form for example).

Hotels will be assigned as follows for Cable-Tec Expo® 2018: Hotels will be assigned on a first-come, first-served basis depending on the date the housing block form is received. Guest rooms are always subject to availability.

Your Exhibitor Housing Block Request Form is due on or before August 6, 2018. Once you have sent in your request, you will receive a letter and confirmation of your block within five (5) business days.

In addition to online, the Exhibitor Rooming List Form is available in PDF format, so you can fax or mail your rooming list. To complete this information online, use your web identification number. Either way, your rooming list must be completed and returned to SCTE•ISBE/MCI USA Housing no later than August 20, 2018. (If you do not provide all names on this rooming list by August 20, 2018 any rooms held in your block without names will be released for general sale).

Within one (1) week, you will receive a formal rooming list from SCTE•ISBE/MCI USA Housing. Please review the list to ensure all information is accurate. You have until September 28, 2018 to make any changes to your rooming list. After this date, changes will be determined upon hotel availability.

A credit card **guarantee** is required in order to reserve a room. Acceptable credit cards are American Express, Visa and MasterCard only. Hotel may charge credit cards prior to arrival. The **deposit** may be made by check, payable to SCTE•ISBE/MCI USA Housing. (All checks must be in U.S. funds drawn on a U.S. bank).

Please refer to your assigned hotel's policies regarding cancellation, early departures, etc. SCTE•ISBE is not responsible for charges incurred by failure to comply with hotel policy.

If occupants of rooms are known at this time, please submit on the Exhibitor Rooming List Form. Include all of the names, dates of arrival and departure, deposit information and return to SCTE•ISBE/MCI USA Housing. If occupants are unknown at this time, you will receive a block confirmation letter stating your hotel(s) room block location and deadline to submit names.

Please call 866.268.0194 or 972.349.5432 if you have any questions.

Important! Group Attrition Policy

Should the actual room nights utilized by the exhibiting company be less than ninety percent (90%) of the Total Room Nights booked by August 20, 2018, the Group agrees to pay SCTE•ISBE for the number of sleeping rooms not utilized up to ninety percent (90%) of the Total Room Nights booked.

Example: The Exhibiting Company contracts for one hundred (100) room nights by August 20, 2018. Should the Group actually utilize eighty-five (85) room nights, the Group would need to pay for the number of room nights not utilized up to ninety percent (90%) of the total room nights. i.e.

100 room nights	Guaranteed by Group
90 room nights	Allowable without Penalty
- 85 room nights	Actually Utilized by Group
5 room nights	Variance

Five (5) room nights x cost of room, inclusive of tax and occupancy charges, is the additional dollar amount owed to SCTE•ISBE and is due within thirty (30) days of receipt of invoice.

Group Cancellation Policy

All group cancellations must be made in writing and sent via mail or fax to:

SCTE•ISBE/MCI USA Housing
 6100 W. Plano Parkway, Suite 3500,
 Plano, TX 75093
 F: 972.349.7715



ATLANTA, GA
OCTOBER 22-25

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Exhibitor Housing Block REQUEST FORM

Form will not be processed without signature agreeing to group attrition policies and method of payment.

Company: _____ Booth#: _____

Contact name: _____

Address: _____

Street/PO Box City State Zip Code

Phone: _____ Fax: _____

E-mail: _____

I agree to the attrition and cancellation policy, and penalties for booking rooms outside the official block as stated in the exhibitor housing instructions.

Signature: _____ Date: _____

The contact listed above is the ONLY representative from your company authorized to request rooms or make changes. A request to change the contact name must be made in writing to SCTE•ISBE/MCI USA Housing.

HOTEL PREFERENCES:

 (If your choice isn't available, SCTE•ISBE/MCI USA Housing will place you in a comparable hotel.)

1 _____ 4 _____

2 _____ 5 _____

3 _____ 6 _____

BLOCK PATTERN: Please provide a night by night breakdown on your requested room block. Use the actual arrival and departure dates for your block. (Please see example for a block of 14 rooms.) I would like to manage my block Online Via fax

	Set-up				Exhibit Open			Dismantle
Room Needs	Fri. Oct. 19	Sat. Oct. 20	Sun. Oct. 21	Mon. Oct. 22	Tues. Oct. 23	Wed. Oct. 24	Thu. Oct. 25	Fri. Oct. 26
Example	1	2	5	10	14	14	10	5
Single (1 p./1 bed)								
Double (2 p./1 bed)								
Double/Double (2 p./2 beds)								
Suite								
<input type="radio"/> Guestroom								
<input type="radio"/> Hospitality								
People # _____								

A credit card **guarantee** is required to reserve room(s). Hotel may charge credit cards prior to arrival. A **deposit** may be made by check, payable to SCTE•ISBE/MCI USA Housing. (All checks must be in U.S. funds drawn on a U.S. bank.)

FORM OF GUARANTEE/DEPOSIT:

- Check Payable to SCTE•ISBE/MCI USA Housing
 - American Express MasterCard Visa
- Amount Enclosed \$ _____

Cardholder name: _____

Signature: _____

Card number: _____ CVV# _____

Expiration date: _____

THIS FORM MUST BE RECEIVED AT SCTE•ISBE/MCI USA BY AUGUST 6, 2018.

SCTE•ISBE/MCI USA Housing | 6100 W. Plano Parkway, Suite 3500, Plano, TX 75093
866-268-0194 | 972-349-5432 | Fax: 972-349-7715 | E-mail: scte-isbe@mcievents.com | expo.scte.org



ATLANTA, GA
OCTOBER 22-25

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Affiliate Housing Block REQUEST FORM

Form will not be processed without signature agreeing to group attrition policies and method of payment.

Company: _____

Contact name: _____

Address: _____

Street/PO Box

City

State

Zip Code

Phone: _____

Fax: _____

E-mail: _____

I agree to the attrition and cancellation policy, and penalties for booking rooms outside the official block as stated in the exhibitor housing instructions.

Signature: _____

Date: _____

The contact listed above is the ONLY representative from your company authorized to request rooms or make changes. A request to change the contact name must be made in writing to SCTE•ISBE/MCI USA Housing.

HOTEL PREFERENCES: (If your choice isn't available, SCTE•ISBE/MCI USA Housing will place you in a comparable hotel.)

1

4

2

5

3

6

BLOCK PATTERN: Please provide a night by night breakdown on your requested room block. Use the actual arrival and departure dates for your block. (Please see example for a block of 14 rooms.) I would like to manage my block Online Via fax

	Set-up				Exhibit Open			Dismantle
Room Needs	Fri. Oct. 19	Sat. Oct. 20	Sun. Oct. 21	Mon. Oct. 22	Tues. Oct. 23	Wed. Oct. 24	Thu. Oct. 25	Fri. Oct. 26
Example	1	2	5	10	14	14	10	5
Single (1 p./1 bed)								
Double (2 p./1 bed)								
Double/Double (2 p./2 beds)								
Suite								
<input type="radio"/> Guestroom								
<input type="radio"/> Hospitality								
People # _____								

A credit card **guarantee** is required to reserve room(s). Hotel may charge credit cards prior to arrival. A **deposit** may be made by check, payable to SCTE•ISBE/MCI USA Housing. (All checks must be in U.S. funds drawn on a U.S. bank.)

FORM OF GUARANTEE/DEPOSIT:

- Check Payable to SCTE•ISBE/MCI USA Housing
- American Express MasterCard Visa
- Amount Enclosed \$ _____

Cardholder name: _____

Signature: _____

Card number: _____ CVV# _____

Expiration date: _____

THIS FORM MUST BE RECEIVED AT SCTE•ISBE/MCI USA BY AUGUST 6, 2018.

SCTE•ISBE/MCI USA Housing | 6100 W. Plano Parkway, Suite 3500, Plano, TX 75093

866-268-0194 | 972-349-5432 | Fax: 972-349-7715 | E-mail: scte-isbe@mcievents.com | expo.scte.org



ATLANTA, GA
OCTOBER 22-25

GEORGIA WORLD CONGRESS CENTER • OCTOBER 22-25, 2018

Exhibitor Housing CHANGE FORM

Changes or substitutions must be made on this form and returned to SCTE•ISBE/MCI USA Housing by September 28, 2018. If the total block is reduced significantly after August 20, 2018, penalties in excess of the one night's deposit will be incurred (see Exhibitor Housing Instructions; Group Attrition Policy). You may contact SCTE•ISBE/MCI USA Housing for an update on room availability at each hotel. If the room is being shared, please indicate if both reservations are to be changed.

PLEASE TYPE

Company: _____ Booth#: _____

Contact name: _____

Address: _____

Street/PO Box

City

State

Zip Code

Phone: _____ Fax: _____

E-mail: _____

CHANGE FROM:

1 Name: _____

Arrival Date: _____ Departure Date: _____

2 Name: _____

Arrival Date: _____ Departure Date: _____

3 Name: _____

Arrival Date: _____ Departure Date: _____

4 Name: _____

Arrival Date: _____ Departure Date: _____

5 Name: _____

Arrival Date: _____ Departure Date: _____

6 Name: _____

Arrival Date: _____ Departure Date: _____

7 Name: _____

Arrival Date: _____ Departure Date: _____

8 Name: _____

Arrival Date: _____ Departure Date: _____

CHANGE FROM:

1 Name: _____

Arrival Date: _____ Departure Date: _____

2 Name: _____

Arrival Date: _____ Departure Date: _____

3 Name: _____

Arrival Date: _____ Departure Date: _____

4 Name: _____

Arrival Date: _____ Departure Date: _____

5 Name: _____

Arrival Date: _____ Departure Date: _____

6 Name: _____

Arrival Date: _____ Departure Date: _____

7 Name: _____

Arrival Date: _____ Departure Date: _____

8 Name: _____

Arrival Date: _____ Departure Date: _____

Attach duplicate forms as needed.

SPECIAL REQUESTS:

THIS FORM MUST BE RECEIVED AT SCTE•ISBE/MCI USA BY SEPTEMBER 28, 2018.

SCTE•ISBE/MCI USA Housing | 6100 W. Plano Parkway, Suite 3500, Plano, TX 75093

866-268-0194 | 972-349-5432 | Fax: 972-349-7715 | E-mail: scte-isbe@mcievents.com | expo.scte.org

1. Cable-Tec Expo® exhibitor contacts are able to register all exhibitor personnel and guests online at expo.scte.org using a custom discount code. You will receive an e-mail containing the password and instructions for registering online. You can register online through October 25, 2018.
2. Exhibitors will receive an allocation of Exhibitor Badges which may be used for company personnel. A separate allocation for Exhibit Hall badges will be for your invited guests. Your company allocations are based on membership status and booth size. Please see table below.
3. Registrations for all sessions will be issued to each CAP and Standards Partner Companies according to the table below. Full Registrations include Preconference Seminar (RSVP required), Opening General Session, Awards Luncheon and Workshops.
4. Individuals wishing to purchase additional Full Attendee Registrations must complete the official Cable-Tec Expo® Attendee Registration Form; see attendee Event Registration at expo.scte.org.
5. Please allow 24 hours for the processing of on-site badge requests.
6. A ten dollar (\$10) fee will be charged for each badge replacement on-site, whether lost, replaced, or for substitutions.
7. The company name, city and state will appear on the badge exactly as stated on the exhibit contract, unless other information is provided on the badge request form.

2018 EXHIBITOR STAFF/EXHIBITOR GUEST REGISTRATION RATE SCHEDULE:

Booth Size	Tech Cap Partner	Standards Partner	Regular Exhibitor
Exhibitor Full Conference Badges			
100 - 300 sq. ft. of space purchased	1 free full registration and 2 additional at 50%	1 free and 2 at 50%	N/A
400 sq. ft.	2 free full registration and 3 at 50%	2 free and 3 at 50%	N/A
500 sq. ft. and higher	1 free per 100 sq. ft. of space; 1 at 50% per 100 sq. ft. of space	1 free per 100 sq. ft. of space, 1 at 50% per 100 sq. ft. of space	N/A
Exhibitor Badges			
Formula	10 free per 100 sq. ft.; additional at \$50	5 free per 100 sq. ft.; additional at \$50	2 free per 100 sq. ft.; additional at \$50
100 sq. ft.	10 free; additional at \$50	5 free, additional at \$50	2 free, additional at \$50
200 sq. ft.	20 free; additional at \$50	10 free, additional at \$50	4 free, additional at \$50
300 sq. ft.	30 free; additional at \$50	15 free, additional at \$50	6 free, additional at \$50
400 sq. ft.	40 free; additional at \$50	20 free, additional at \$50	8 free, additional at \$50
600 sq. ft.	60 free; additional at \$50	30 free, additional at \$50	12 free, additional at \$50
800 sq. ft.	80 free; additional at \$50	40 free, additional at \$50	16 free, additional at \$50
900 sq. ft.	90 free; additional at \$50	45 free, additional at \$50	18 free, additional at \$50
1000 sq. ft.	100 free; additional at \$50	50 free, additional at \$50	20 free, additional at \$50
1200 sq. ft.	120 free, additional at \$50	60 free, additional at \$50	24 free, additional at \$50
1600 sq. ft.	160 free, additional at \$50	80 free, additional at \$50	32 free, additional at \$50
2000 sq. ft.	200 free; additional at \$50	100 free, additional at \$50	40 free, additional at \$50
2500 sq. ft.	250 free; additional at \$50	125 free, additional at \$50	50 free, additional at \$50

RE: VIP Passes with allotments and table titled "Guest Floor Passes" as in Exhibitor Prospectus Pg. 31

Groups requiring the use of meeting rooms in participating Expo hotel(s) must obtain authorization from SCTE•ISBE and absorb all costs including rental, if any. SCTE•ISBE will not provide approval should events compete with Cable-Tec Expo® hosted events. Contact info: **Melinda Yium** | myium@scte.org | **202.251.1233**

PLEASE TYPE

Company: _____ Booth# (if applicable): _____

Contact name: _____

On-site contact name: _____

Work

Address: Home _____

Work

Street/PO Box

City

State

Zip Code

Phone: Home _____ Fax: _____

Work

E-mail: Home _____

Company/Employee Meeting Hospitality Function

HOTEL DESIRED: Space is limited and will be assigned on a first-come, first-served basis. Please e-mail myium@scte.org, if you require further information.

Official Cable-Tec Hotel _____

Date(s) requested: _____

Time(s) requested: _____

Number of people: _____

ROOM SET:

Schoolroom (q 2 people per 6' or q 3 people per 6')

Conference Hollow Square Theater U-shape Round

AUDIO/VISUAL EQUIPMENT:

Lectern microphone LCD package Lavalier microphone TV/VCR package

Handheld microphone Flipchart package Screen Theater U-shape Round

TELEPHONE:

Phone Line only Single line with phone Speaker phone with line Polycom speaker with line

CATERING:

Yes No

THIS FORM MUST BE RECEIVED AT SCTE•ISBE REGISTRATION BY SEPTEMBER 7, 2018.

SCTE•ISBE Registration | 140 Philips Rd., Exton, PA 19341-1318

Fax: 610-884-7126 | E-mail: expo@scte.org | expo.scte.org



ATLANTA, GA
OCTOBER 22-25

GEORGIA WORLD CONGRESS CENTER • OCTOBER 22-25, 2018

EAC/Work Authorization CHANGE FORM

Exhibitors using an independent service company MUST complete this form and return it to SCTE•ISBE along with a Certificate of Insurance by September 21, 2018. If you are using a third party contractor and your company does not provide the certificate, you will be prohibited from entering the exhibit hall.

INDEPENDENT SERVICE COMPANY #1:

Company: _____

Contact name: _____

Address: _____

Street/PO Box

City

State

Zip Code

Phone: _____

INDEPENDENT SERVICE COMPANY #2:

Company: _____

Contact name: _____

Address: _____

Street/PO Box

City

State

Zip Code

Phone: _____

Are these service companies authorized to order show services for your company? Yes No

Exhibiting Company: _____ Booth#: _____

Requested by: _____

Email: _____

Phone: _____ Date: _____

Please retain a copy of this form for your files.

THIS FORM MUST BE RECEIVED AT SCTE•ISBE REGISTRATION BY SEPTEMBER 21, 2018.

SCTE•ISBE Registration | 140 Philips Rd., Exton, PA 19341-1318

Fax: 610-884-7126 | E-mail: expo@scte.org | expo.scte.org



ATLANTA, GA
OCTOBER 22-25

GEORGIA WORLD CONGRESS CENTER • OCTOBER 22-25, 2018

Agreement/Attendee List REQUEST FORM

PLEASE TYPE

Company: _____ Booth#: _____

Contact name: _____

Address: _____
Street/PO Box City State Zip Code

Phone: _____ Fax: _____

Email: _____

Exhibitor representative(s) must sign this Agreement/Order form and adhere to the following provisions:

1. This service is available to contracted Exhibitors ONLY and **will not include attendee phone, fax and/or e-mail data.**
2. Payment for list rental must accompany Agreement/Attendee List Request Form.
3. Attendees names/addresses are for one-time use only and will be used promptly upon receipt, within thirty (30) days of the official Cable-Tec Expo® 2018 show dates.*
4. The exhibitor will handle all names confidentially and is fully responsible for the security thereof.
5. The names are not to be copied for any purpose or disclosed to any person without expressed written consent from Cable-Tec Expo® 2018 show management.

I WISH TO PURCHASE:

Booth Size	Pre-Registered List	Post-Conference List
Electronic File (Excel)	<input type="radio"/> \$695	<input type="radio"/> \$945

*Attendee List requests received after November 22, 2018 will NOT be honored.
Lists will be distributed after September 28, 2018

FORM OF GUARANTEE/DEPOSIT:

Check Payable to SCTE•ISBE
 American Express MasterCard Visa
Amount Enclosed \$ _____

Cardholder name: _____

Signature: _____

Card number: _____ CVV# _____

Expiration date: _____

Contributions or gifts to the Society of Cable Telecommunications Engineers, Inc. are not tax deductible as charitable contributions for federal income tax purposes.

THIS FORM MUST BE RECEIVED AT SCTE•ISBE REGISTRATION BY SEPTEMBER 21, 2018.

SCTE•ISBE Registration | 140 Philips Rd., Exton, PA 19341-1318

Fax: 610-884-7126 | E-mail: expo@scte.org | expo.scte.org





ATLANTA, GA
OCTOBER 22-25

GEORGIA WORLD CONGRESS CENTER • OCTOBER 22-25, 2018

LiveEntertainment
FORM

PLEASE TYPE

Company: _____ Booth#: _____

Contact name: _____

Address: _____
Street/PO Box City State Zip Code

Phone: _____ Fax: _____

Email: _____

Per section 10-D of the Rules and Regulations, if your company is using live entertainment germane to your exhibit, please complete a scale schematic drawing which indicates location of staging, sound system and audience area.

Attach duplicate forms as needed.

THIS FORM MUST BE RECEIVED AT SCTE•ISBE REGISTRATION BY OCTOBER 8, 2018.

SCTE•ISBE Registration | 140 Philips Rd., Exton, PA 19341-1318

Fax: 610-884-7126 | E-mail: expo@scte.org | expo.scte.org