



NEW ORLEANS, LA
SEPT. 30-OCT. 3

ERNEST N. MORIAL CONVENTION CENTER • SEPT. 30-OCT. 03, 2019

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® 2019 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® 2019 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 1, 2019 will NOT be honored.
Preregistered Lists will be distributed after September 6, 2019.

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 AUGUST 30, 2019.

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

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

