



**Exhibitor Registration Form  
Criminal Justice Technology Symposium V  
Marriott Grand Hotel, Point Clear, AL  
Dec. 1-3, 2004**

You are invited to exhibit your products and/or services at this conference. Criminal Justice personnel from all over Alabama will attend this conference and expo to see the latest innovations in technology relating to law enforcement. This expo will provide you a very focused audience at an extremely reasonable cost. Whether or not you exhibit, please consider being a conference industrial sponsor. This involves making a donation to help cover conference expenses such as the meal functions. You would be listed in the program as an industrial sponsor and highlighted at the conference as such. Rates for Gold, Silver or Bronze sponsorship are listed below.

Exhibitor fee is \$500 for an 8' x 10' booth. This includes pipe and drape, a 6' skirted table, 2 chairs, trash can and one electrical outlet. This fee also includes two complimentary conference registrations which allow admission to all conference sessions and social functions. Double the size of your booth for only an extra \$100.

**Exhibitor Information:**

Company Name: \_\_\_\_\_  
 Contact Name & title: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Conference Industrial Sponsorship:**

Company Name: \_\_\_\_\_  
 Contact Name & title: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Exhibitor Fees:**

8 x 10 booth	\$500	_____
8 x 20 booth	\$600	_____

**Conference Industrial Sponsorship:**

Gold Star	\$2500	_____
Silver Star	\$1000	_____
Bronze Star	\$ 500	_____
<b>Total</b>		_____

Please enclose check for total amount made payable to LECC Fund. Please mail check and form to:

John Cloud, US Attorney's Office,  
 Middle District of Alabama,  
 PO Box 197, Montgomery, AL 36117.

After payment is received, you will be mailed additional forms and information. Call John Cloud (334-223-7280) or Rhonda Stricklin (866-349-CARE) with questions.

**Your exhibitor fee includes two complimentary conference registrations which allow admission to all conference sessions and social functions. Please designate below the two people to receive these conference registrations. If you have other personnel working in your booth, they will need to complete a regular conference registration form and pay the conference registration fee.**

**Booth Personnel 1:**

**Full Name:** \_\_\_\_\_ **First Name for badge:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Booth Personnel 2:**

**Full Name:** \_\_\_\_\_ **First Name for badge:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_