

EXHIBITOR REGISTRATION FORM SSA2007
April 11-13, 2007
Kona, Hawaii

Exhibitor: _____

Contact Person: _____

Names for Badges: _____

Telephone: _____ Cell: _____

Fax: _____

E-mail: _____

Special Needs: _____

Exhibit Fee: SSA Corporate Members, non-profits (\$350.00)

Non-Members (\$450)

Exhibitors are not required to register. Exhibitor fee includes 2 annual luncheon, and 2 lunch on Thursday and Friday

Additional Guest Lunches:

Number (Wednesday) ____ @ \$48 Number (Thursday) ____ @ \$32 Number (Friday) ____ @ \$32

Total Remittance: _____

Make exhibit registration check payable to Seismological Society of America, and mail all exhibit registration materials to:

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University of Hawaii at Manoa
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USA

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