



# FER's INDUSTRY AWARDS 2019

5:15 p.m., Sun., May 19, 2019  
Hyatt McCormick Place, Chicago

Send completed forms to Christine Palmer at [cpalmer@fermag.com](mailto:cpalmer@fermag.com) or fax to 847-336-2105.

PLEASE TYPE OR PRINT

FORMS DUE **MAY 3.**

Primary Contact Name: \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please list Attendee Name & Company (up to 10 people per form)**

1) \_\_\_\_\_ / \_\_\_\_\_

2) \_\_\_\_\_ / \_\_\_\_\_

3) \_\_\_\_\_ / \_\_\_\_\_

4) \_\_\_\_\_ / \_\_\_\_\_

5) \_\_\_\_\_ / \_\_\_\_\_

6) \_\_\_\_\_ / \_\_\_\_\_

7) \_\_\_\_\_ / \_\_\_\_\_

8) \_\_\_\_\_ / \_\_\_\_\_

9) \_\_\_\_\_ / \_\_\_\_\_

10) \_\_\_\_\_ / \_\_\_\_\_

### FEES

# \_\_\_\_\_ of attendees at \$349/person (advertiser)

# \_\_\_\_\_ of tables at \$3500/table (advertiser)

**Amount Due:** \$ \_\_\_\_\_

**Make checks payable to FER Media LLC.**

Please charge my (circle one): American Express

MasterCard

Visa

Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code (3 or 4 digits from back): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Send completed forms to [cpalmer@fermag.com](mailto:cpalmer@fermag.com) or fax to 847-336-2105 or  
mail form and check to Christine Palmer, FER Media, 1505 Portia Rd., Grayslake, IL 60030.