

## **Next Generation ISR**

(For DoD and Government)

**April 7-8-9 2021 (Virtual)** 



## A VIRTUAL INTERACTIVE CONFERENCE



For over 30 years, TTC has created a centralized marketing opportunity for your company during our numerous symposia across the U.S. We have created an interactive technical forum by placing high level decision makers and executives responsible for making major DoD & Government purchasing decisions accessible to you and your company. Our goal is to provide maximum networking and marketing exposure along with personalized introductions to any Attendee and Exhibitor that invests time in our conference programs.







Instructions for Payment and Exhibitor Registration:

Please complete and sign the pages below. Indicate the names of employees attending the sessions for our Registrar

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BENEFITS	GOLD EXHIBITOR	STANDARD EXHIBITOR
SPEAKING SLOT: FULL PPT PRESENTATION 30 Minutes	30 Min SPEAKING SPOT	5 Minutes
COMPLIMENTARY PASSES (FOR CLIENTS CUSTOMERS,EMPLOYEES)	4	2
GUARANTEED NETWORKING OPPORTUNITY WITH PRESENTERS AS WELL AS ATTENDESS	<b>✓</b>	<b>✓</b>
LOGO AND COMPANY STATEMENT ON EVENT WEBSITE AND AGENDA	\$ <sub>70</sub> ✓	1
SLIDE SHOW (DURING BREAKS)		<b>√</b>
EXHIBIT TABLE WITHIN VIRTUALCONFERENCE ROOM	1	1
ATTENDEE LIST EMAILED WITHIN TWO WEEKS AFTER CONCLUSION OF EVENT	1	<b>√</b>
PRICE	\$3,000	\$1,200

## For your company to gain maximum pre-conference marketing exposure, please submit a high resolution JPEG or PNG logo to Bbarrett@ttcus.com

Lead On-Site Representative			
(All correspondence will be issued to this individual Name:			
Title:			
Mailing Address:			
City:	State:	ZIP:	
Phone:	FAX:		
Email:			
Phone Contact (If different than above)	FAX:FAX:Company:		
Name:			_
Title:	Company:		_
Mailing Address:			_
City:	State:	ZIP:	
Phone:	FAX:		_
Email:			
Additional Representative Nome:			
Title:	Campany:		
Mailing Address:			
City:	State:	ZIP:	
Phone:	FAX:		
Fmail:			

Total	amount due = \$
	Charge my:
	Visa
	Mastercard
	American Expres

Credit Card #:				
Name of Cardholde	er:			
Amount \$:	Exp. Date		CVV:	
Signature:				
Billing Address:				
		State:	ZIP:	
o and agree to all the to Application Contract, v	epresentative oferms and conditions in this we agree to pay TTC for sai ein, and this constitutes a v	contract. By subm d space in accorda	itting this Exhibit Space nce with the terms and	&
)ate:		$\gamma_{\wedge}$		

Payment Option

1) Pay by Credit Card and FAX this form to TTC at (310) 320-8101

2) Make check or money order payable to:
Technology Training Corporation, Fed ID#: 95-3385547

AND mail this form with payment to:
Technology Training Corp, Dept. BDI P.O. Box 119, Torrance, CA 90507