



Survey 2019 Conference & Expo is almost here and we are very excited about this year's event! We are back at the Atlantic Sands Hotel & Conference Center in Rehoboth Beach, DE where we've enjoyed great hospitality and service for the past five years. The dates of this year's conference are Thursday and Friday, November 14th & 15th. Our exhibitors will be able to set up either Wednesday evening from 5-7 pm or Thursday morning beginning at 6:30 am. On both Thursday and Friday there will be a break in the morning, lunch, and another break in the afternoon where registrants will be in the Exhibit Hall to network with the vendors. There will also be a cocktail reception in the Exhibit Hall immediately following classes on Thursday afternoon. The conference officially ends with the completion of the afternoon session on Friday and exhibitors are welcome to stay until then. In the past, most left by early afternoon on the second day. That is up to you.

We will again make the Exhibit Hall the center of the two-day event. Breaks and meals will be held there as well as a continuous video loop of advertisements from all our vendors. We encourage all our vendors to bring something to auction off at their respective booths throughout the conference which will help drive the registrants to your booth. In addition this year we are offering all our vendors to be sponsors of this event by donating an item to be included in the registration packets. This item could be anything—from USB sticks to pens with your logo, binders, notepads, can koozies— your choice! If you would like to be a 2019 sponsor, please indicate that on the registration form.

With this email I am attaching both the exhibit hall diagram indicating available spaces as well as the reservation form. Please fill out the form and return it, along with your payment, to the address on the form. For your convenience, I have also attached a Credit Card Authorization Form as we are now able to accept credit cards. You can also fax or email me the forms. Once I have received your registration form and payment I will send you confirmation of your Exhibitor space number, detailed information about setting up and other exhibitor-related activities.

If you have any questions, please do not hesitate to contact us. We hope you will join us at the 2019 Conference & Expo!

Sincerely,

Daniel Simmons, Conference Chairman

DOOR



SET OF DOORS



DOOR



**#13**

**DiCarlo**

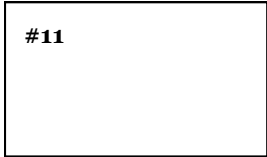


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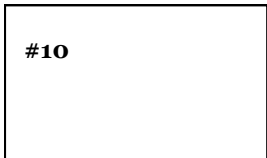
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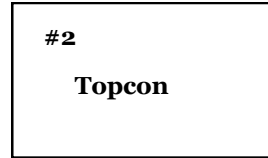


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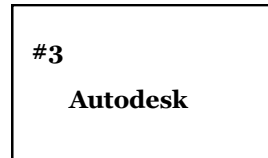
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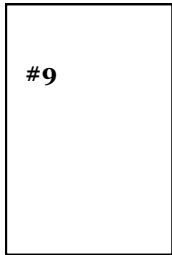


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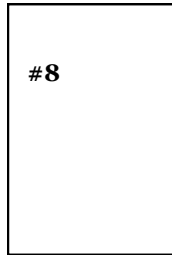
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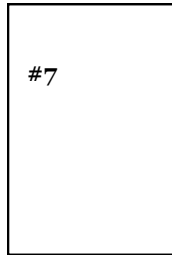
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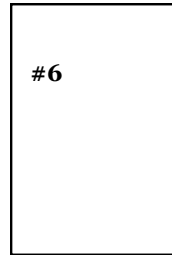
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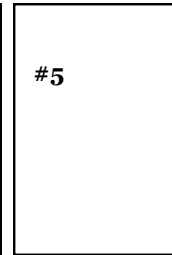
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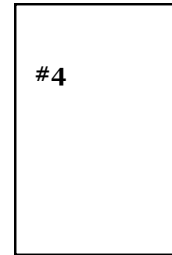
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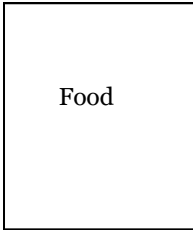
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Food



**SURVEY 2019  
CONFERENCE & EXPO  
November 14-15, 2019**

**Exhibit Booth Reservation Form**

**\$700 for one space  
\$1300 for two spaces**

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

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

**#1 Choice**                    # \_\_\_\_\_ **space**

**#2 Choice**                    # \_\_\_\_\_ **space**

**#3 Choice**                    # \_\_\_\_\_ **space**

\_\_\_\_\_ **Yes, I would like to be a sponsor of the Conference & Expo and will be providing an item for the registration packet (approximately 150).**

Please fill out this form completely and return it, along with a check made payable to DAS, to the address below. A **non-refundable** deposit of \$350 for one space or \$650 for two spaces is required to hold the space(s), **with the remaining amount due on or before October 30, 2019**. Spaces will be assigned on a first come, first serve basis.

**DAS  
Beth L. Passwaters  
9210 Slice Court  
Wilmington, NC 28412  
Phone: 302-462-5293  
FAX: 888-440-7624  
Email: [desurveyors@gmail.com](mailto:desurveyors@gmail.com)**



# Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card Type: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ AmEx

Billing Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to the following:**

**Email: [desurveyors@gmail.com](mailto:desurveyors@gmail.com)**

**Fax: 888-440-7624**

**Mail: DAS, 9210 Slice Court, Wilmington, NC 28412**