



After months of uncertainty, the DAS Fall Conference & Expo is a “go”. 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 six years. The dates of this year’s conference are Thursday and Friday, November 11th & 12th. 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.

If you would like to make overnight accommodations at the Atlantic Sands, call 302-227-2511 and reference Booking ID #9914. The cutoff to receive this block rate is Monday, 18 October, so please contact the hotel before that date.

In order to make things as safe as possible for all involved, the Banquet Hall will see much duty. The vendors will set up around the edge of the room, as in the past. Meals and breaks will also take place here. In addition, the Hall will be used as a classroom so that we can space attendees out more easily.

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 accept credit cards as well as checks. As spaces are assigned on a first-come basis, please contact me with your choice of space and then send the form and payment. You can mail, 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 2021 Conference & Expo!

Sincerely,

Daniel Simmons, Conference Chairman

DOOR



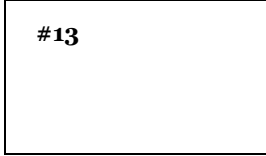
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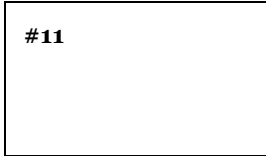
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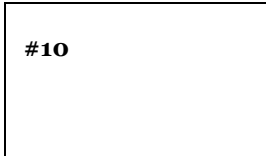
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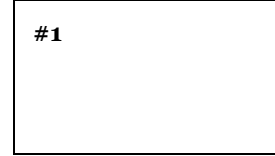
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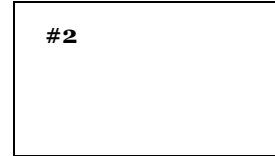
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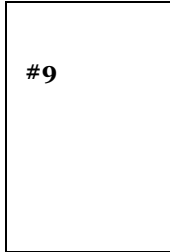
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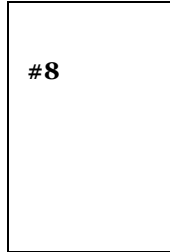
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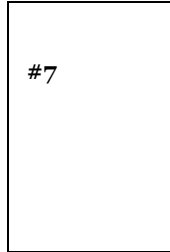
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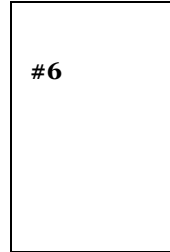
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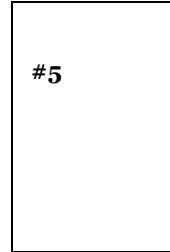
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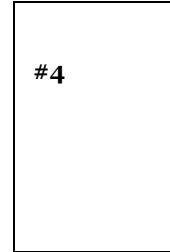
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DOOR

Food



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**SURVEY 2021  
CONFERENCE & EXPO  
November 11-12, 2021**

**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 participate in the Silent Auction that will benefit the Education Fund and will be providing an item for that auction.**

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, 2021**. Spaces will be assigned on a first come, first serve basis.

**DAS  
Beth L. Passwaters  
232 Landover Circle  
Chapel Hill, NC 27516-8482  
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, 232 Landover Circle, Chapel Hill, NC 27516-8482**