



It is once again time for the annual DAS Conference & Expo. You, our exhibitors, are truly the backbone of this conference. We try to make the Exhibit Hall as accessible as possible by having all breaks and meals in this room, giving you maximum exposure to the registrants.

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 eight years. The dates of this year's conference are **Wednesday and Thursday, November 13th & 14th**. Our exhibitors will be able to set up either Tuesday evening from 5-7 pm or Wednesday morning beginning at 6:30 am. On both Wednesday and Thursday 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 Wednesday afternoon. The conference officially ends with the completion of the afternoon session on Thursday 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 #11028**. The cutoff to receive this block rate is Saturday, 5 October 2024 so please contact the hotel before that date.

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 DAS at 302-462-5293 or email desurveyors@gmail.com. We hope you will join us at the 2024 Conference & Expo!

Sincerely,

Conference Committee, DAS

232 Landover Circle
Chapel Hill, NC 27516-8482

Phone/Text: 302-462-5293
Fax: 888-440-7624

DOOR



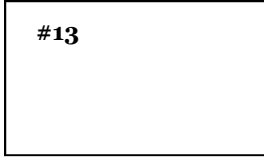
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DOOR



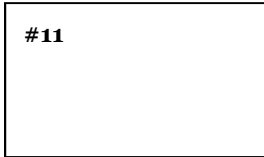
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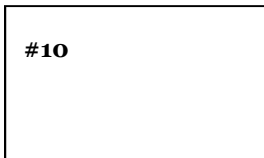
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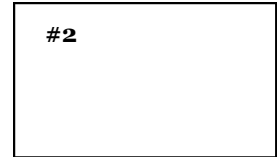
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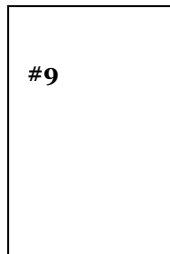
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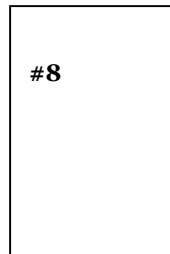
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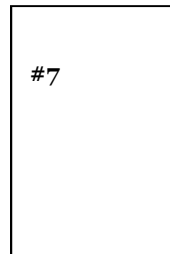
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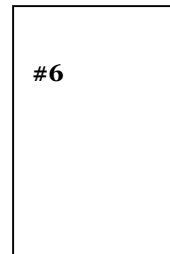
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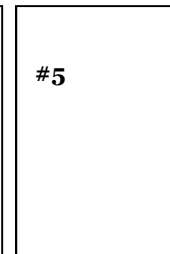
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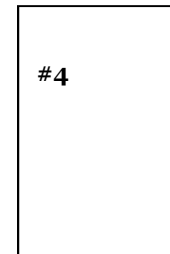
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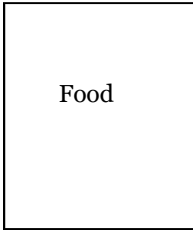


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DOOR

Food



Windows

Windows

Windows

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Windows

**SURVEY 2024
CONFERENCE & EXPO
November 13 & 14, 2024**

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 25, 2024**. 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**



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: _____ (3 digits located on back of VISA, Discover, MasterCard ; 4 digits on front of AMEX)

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

Fax: 888-440-7624

Mail: DAS, 232 Landover Circle, Chapel Hill, NC 27516-8482