



FOR OFFICE USE:
BOOTH: _____

Exhibitor Registration Form

Exhibitor Name: _____

Address: _____

State: _____ **ZIP** _____ **Email:** _____

Phone: (____) _____ **Fax:** (____) _____

Event Title: 2001 A Benefits Odyssey

Location: Sheraton Norfolk Waterside Hotel
777 Waterside Drive
Norfolk, VA 23510
Telephone: 757-622-6664.

Event Dates: June 6 - 7, 2001

Contact Person: Clyde Bronson, OPM
Telephone: 202-606-4900

Please list the names of all booth personnel who will be representing your company at the conference.

Name(s) _____

Please send us a brief overview of the products and/or services your company provides (**150 typed words or less**). You can email your overview to fedbenconf@opm.gov or enclose it with your check.

Registration Deadline: April 6, 2001

Booth Fee: 8' x 8' \$750

8' x 10' \$850

Additional charges: Phone: \$75 per day plus cost of calls

TV/VCR: \$205 per day charge

Booth Fee: \$ _____

Phone: \$ _____ **June 6th and/or June 7th** [please indicate which date(s)]

TV/VCR: \$ _____ **June 6th and/or June 7th** [please indicate which date(s)]

Total: \$ _____

Check should be payable to Sheraton Norfolk Waterside Hotel

Return to: Mr. Clyde Bronson
U.S. Office of Personnel Management
1900 E Street, NW, Room 4351
Washington, DC 20415-3300

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