10TH ANNUAL

2027 SYMPOSIUM ON TRAFFIC SAFETY

MAY 17–20, 2027 | ORLANDO, FLORIDA

Hilton Orlando Lake Buena Vista – Disney Springs® Area

2027 10th Annual Symposium on Traffic Safety May 17–20, 2027, Orlando, Florida Hilton Orlando Lake Buena Vista – Disney Springs Area

EXHIBITOR REGISTRATION FORM

1 REPRESENTATIVE INFORMATION

Fee includes two (2) representatives, who may attend Symposium sessions at no additional cost. Premium Booths may have four (4) representatives. Each additional representative must pay the conference registration fee of $795.

REPRESENTATIVE #1 Primary POC

First Name: _____
Middle Initial: _____
Last Name: _____
Day Phone: _____
Fax Number: _____
Email: _____
Occupation (Title): _____

REPRESENTATIVE #2

First Name: _____
Middle Initial: _____
Last Name: _____
Day Phone: _____
Fax Number: _____
Email: _____
Occupation (Title): _____

2 COMPANY INFORMATION (AS IT SHOULD APPEAR PUBLICLY)

Company Name: _____
Address: _____
Address 2: _____
Zip Code: _____ City: _____ State: _____

Are you donating a door prize? ☐ No ☐ Yes Please list type of prize _____

Are you interested in a sponsorship of any kind? ☐ No ☐ Yes Whom shall we contact? _____

3 BOOTH TYPE

- ☐ Premium Booth, 10' x 20' - regular $3,500 or early rate: **$3,350**
- ☐ Deluxe Booth, 8' x 10', Center Aisles - $2,500 or early rate: **$2,350**
- ☐ Regular Booth, 8' x 10' - $1,500 or early rate: **$1,350**
- ☐ Tabletop, Hall - **SOLD OUT**

PREFERRED MOVE-OUT

- ☐ Wednesday, 5:00 PM
- ☐ Thursday, 12:00 PM

Americans with Disabilities Act Program Accessibility:

Individuals who require reasonable accommodation in order to participate must notify the registrar at **(904) 620-4786** at least five working days prior to the conference.

4 PAYMENT INFORMATION FULL PAYMENT MUST BE MADE BY OCTOBER 1, 2026 OR THE SPACE WILL BE RELEASED

☐ Check enclosed for: $ _____ Make check payable to: **Institute of Police Technology and Management**

☐ Bill my: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover for: $ _____

Card Number: _____ Security code: _____

Name as it appears on card: _____ Expiration Date: _____

Email receipt to: _____

NEW FOR 2027 SCAN TO REGISTER & PAY ONLINE!

5 EXHIBITOR CANCELLATION / REFUND POLICY

Complete the Cancellation Request Form found at www.IPTM.org and return it to IPTM. No telephone cancellations will be accepted. A 25% administrative fee will be assessed to all refunds if the cancellation request is received more than 60 days prior to the Symposium start date. No refunds or credit will be given for cancellations received less than 60 days prior to the Symposium start date or for no-shows. Refunds will normally be processed in 6-8 weeks.

6 REGISTERING PERSON/EVENT CONTACT INFORMATION (IF DIFFERENT THAN REPRESENTATIVE)

Registering Person's Name: _____
Registering Person's Title: _____ Phone Number: _____
Registering Person's Email: _____

RETURN TO: Institute of Police Technology and Management / UNF • 12000 Alumni Drive • Jacksonville, Florida 32224-2678
Phone: (904) 620-4786 • Fax: (904) 620-2453 • Email: info@iptm.org