

of HBACT? Registrant 1. Registrant 2. Registrant 3. Company Name City_____State__ Zip Tel ______Fax ____ Company email _____ **Payment Information:** □ MasterCard □ VISA □ Check (payable to HBACT) (only credit cards accepted) Exp. Date _____ Amount Charged \$____ Name on Card Billing Address ______ P.O. Box ____ City_____State____Zip___ Signature

Attendee Registration Form

January 10, 2008 Connecticut Expo Center • Hartford, CT

Keynote: 10:30 a.m. • Exhibits: 12:00 Noon - 6:00 p.m. Reception: 4:30 p.m. - 6:00 p.m.

Class of Trade: (Check one)	Annual Installed Amount:
☐ Homebuilder	(Check one)
Remodeler/Home Improvement	□ \$ 0.00 - \$75,000
☐ General Contractor	□ \$75,000 - \$150,000
□ Architect	1 \$151,000 - \$300,000
□ Developer	3 \$301,000 - \$500,000
☐ Press (business card required)	\$501,000 - \$1,000,000
□ Other	□ \$1 Million - \$2,000,000
(please state)	□ \$2 Million - Over
■ Non-Exhibiting Manufacturer/Supplied	er (additional fees apply - see below)

For more than 3 registrants, copy form		Exhibit Hall Registration:		
	Before 1/1/08	After 1/1/08	Number of People	Totals
Exhibit Hall and Conferences	FREE	\$ 20		\$
Non-Exhibiting Manufacturer/ Supplier	\$150	\$150		\$

Total Amount Due \$



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Are you a member