



EXHIBITOR REGISTRATION FORM

IMPORTANT DEADLINES

Discounted Hotel Rate
March 28

Registration Cancellation
March 28

Change/Substitution
April 25

REGISTRATION

You must be registered in order to attend any conference activities. Exhibitor registration **includes** access to open committee meetings, educational sessions, food & beverage functions, and the exhibition. This form can only be used to register one Exhibitor (copy for additional registrations). Each 100 sq./ft. of exhibit booth space is allotted: One (1) Complimentary Conference Registration and One (1) Additional Discounted Conference Registration. Additional exhibit booth personnel (more than the total allotted registrations for booth size) will be processed at the Full Conference Registration rate and should complete the Conference Registration form. Please see Exhibitor Prospectus for more details on Exhibitor benefits.

Please select **Registration Type & Required Awards Banquet:**

Registration Type	<u>ATA/MSC/SMC/TSC Member</u>	<u>Non-Member</u>
Complimentary Registration	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Additional Discounted Registration	<input type="checkbox"/> \$450	<input type="checkbox"/> \$600

REQUIRED - Select Yes or No:

- Yes, I will attend the Awards Reception & Banquet (ticket is included with all registration types)
 No, I will not attend the Awards Reception & Banquet

REQUIRED TO PROCESS REGISTRATION

Full Name: _____

Nickname for Badge: _____

Title: _____

Company: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Valid attendee email is **REQUIRED** for registration confirmation email.

If confirmation should be sent to an alternate email, please provide below.

* Send Alternate email to _____

In case of Emergency, please provide contact information.

Full Name: _____ Phone: _____

All persons entering the exhibit hall, educational sessions and social events must be 18 years of age or older and registered for ATA's Safety, Security & Human Resources National Conference & Exhibition. We thank you for your cooperation.

By registering for the SS&HR National Conference & Exhibition, you consent to be photographed/recorded/ videoed and agree to the following statement:

I hereby grant ATA/SMC/TSC, the irrevocable and unrestricted right to use and publish photographs/videos/audio recordings/likenesses of me in which I may be included for advertising, promotional or any other purpose and in any manner or medium.

REGISTRATION PAYMENT

Registration will not be processed without payment, and payment cannot be taken by phone or email.

I will purchase _____ Additional Awards Reception & Banquet tickets @ \$100 each \$ _____

Enclosed check made payable to American Trucking Associations

AMEX MasterCard VISA Total Amount Paid: \$ _____

Credit Card #: _____

Expires: _____

Name On Card: _____

Signature: _____

IMPORTANT INFORMATION

You must be a registered attendee to book a hotel room at the ATA discounted rate. Once your registration has been successfully processed, you will receive an email confirmation of your conference registration containing the hotel reservation link.

Program related questions can be directed to the councils at (703) 838-1919 or smc@trucking.org.

Exhibit Booth related questions can be directed to ATAexhibits@trucking.org.

Registration related questions email registrations@trucking.org.

Fax/Mail: Faxed and mailed registrations should be sent as directed below. Registration forms take 3-4 business days to process (once received) and must include payment.

Hotel & Meeting Location Information:

Hyatt Regency Orlando
9801 International Drive
Orlando, FL 32819

The ATA discounted rate is \$229 per night (single/double occupancy). Nightly rate does not include taxes and fees, which are subject to change without notice.

ALL change and cancellation requests require written notification and will not be processed by phone. Send all written notifications to registrations@trucking.org.

CHANGES: April 25, is the deadline for name change and substitution requests. Beginning April 27, changes can be requested onsite at the Registration & Information Desk.

CANCELLATIONS: March 28, is the deadline to cancel a registration and receive a refund less a \$100 per person administrative fee.

No refunds for registration fees will be processed for cancellations postmarked after March 28.

Please send completed registration forms with payment information to:

ATA Registrations
PO Box 101360, Arlington, VA 22210
Fax: (703) 838-1701
Email: registrations@trucking.org



If you require special assistance to participate, or have food allergies, please call (703) 838-1919.



ALL attendees must submit a signed copy of the ATA Release and Waiver of Liability and Assumption of the Risk Relating to Coronavirus/COVID-19.



Release and Waiver of Liability and Assumption of the Risk Relating to Coronavirus/COVID-19

By registering for and attending the Event (ATA Safety Management Council and Transportation Security Council Safety, Security & Human Resources National Conference & Exhibition at the Hyatt Regency in Orlando, Florida, April 26-29, 2022), I acknowledge that I will be voluntarily participating in any of the activities held by the American Trucking Associations that will be held in compliance with all applicable government guidelines in place at time of the Event.

I am aware that the novel coronavirus (COVID-19) is extremely contagious and spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and through the air. **I am aware that even diligent efforts to follow public health guidance and orders cannot guarantee that participants at the Event will not contract the virus that causes COVID-19, and that I could be infected, seriously injured or even die due to COVID-19 or due to activities by me or others on or at the Event. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS, WHETHER KNOWN OR UNKNOWN, OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE.**

I agree that I will not attend the Event or have in-person contact with ATA's employees unless I am able truthfully and accurately to answer "no" to all of ATA's visitor screening questions.

In addition to all other rules and regulations relating to my attendance at the Event, I agree to comply with all COVID-related laws, guidelines, protocols, or procedures that may be implemented by ATA, the Event venue, and the federal/state/local government in order to protect as much as possible the health and safety of all attendees. I agree that if I experience any COVID-19 symptoms, I will inform event staff as soon as reasonably possible and depart the Event.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself. The value of attending the Event is such that I accept the risk of being exposed to or contracting COVID-19 in order to attend the Event in person.

WAIVER OF LAWSUIT/LIABILITY: As consideration for being permitted by ATA to participate in the Activities and attend the Event, I forever release ATA and any affiliated organizations, along with their respective board members, employees, volunteers, agents, attorneys, contractors, and representatives (collectively "Releasees") from any and all liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for bodily injury, death, or property damage, related to (i) my participation in the Activities or presence at the Event, (ii) the negligence or other acts of any Releasee, whether directly connected to the Activities or not, and however caused, and (iii) the condition of the Event. This release includes, without limitation, any claims in connection with any exposure, infection, and/or spread of COVID-19 related to attendance at the Event. I understand that this waiver means I give up my right to bring any claims for any loss including but not limited for personal injuries, death, disease or property losses, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, FREELY AND KNOWINGLY ASSUME THE RISK, AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED:

Name: _____

Signature: _____

Date: _____