

# 2010 SIOR Spring World Conference

## REGISTRATION FORM

Hilton Bonnet Creek – Orlando, FL

April 22-24, 2010

### Conference Registration Questions?

Call SIOR Events at 202.449.8218 or [events@sior.com](mailto:events@sior.com)

Conference and Hotel confirmations will be sent separately via email.

### Contact Information

### Badge & Other Information

Full Name: _____  Nickname for Badge: _____  Designations (i.e. SIOR): _____  Company: _____  Company Address: _____  City/State(Prov)/Zip(PC): _____	Email Address <i>(for confirmations):</i> _____  City for Badge: _____  Cell Phone <i>(for on-site Program Book):</i> _____  Registered Spouse/Guest Name <i>(first and last):</i> _____  Emergency Contact First/Last Name: _____  Emergency Contact Phone: _____
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### Conference Registration

	Until 3/26	After 3/26	Total		Price	Qty	Total
Member	\$895	\$995	\$ _____	<b>Wednesday, April 21</b>			
Applicant/Candidate <sup>1</sup>	\$895	\$995	\$ _____	<del>Kennedy Space Center (Adult)</del>	\$120		
Sponsor/Exhibitor Extra Booth Attendee	\$475	\$575	\$ _____	<del>Kennedy Space Center (Child)</del>	\$110		
Significant Other <sup>2</sup>	\$475	\$575	\$ _____	<del>Funsheet</del>	\$175		
International Member <sup>3</sup>	\$445	\$495	\$ _____	<del>Early Bird Golf @ Celebration</del>	\$135		
Non-Member	\$1120	\$1250	\$ _____	<b>Thursday, April 22</b>			
International Significant Other <sup>2</sup>		\$0	\$ _____	<del>Universal VIP Tour</del>	\$149		
Past SIOR National President		\$0	\$ _____	*Extra Panattoni Party Ticket <sup>5</sup>	\$75		
New SIOR <sup>4</sup> (Join Date: 4/2008 - present)		\$0	\$ _____	SIOR Kid's Night Out (see notes)	\$75		
Sponsor Complimentary (limited number)		\$0	\$ _____	Evening at Universal Studios: CityWalk	\$41		
Exhibitor Complimentary (limited number)		\$0	\$ _____	<b>Friday, April 23</b>			
				Volleyball Tournament	\$55		
				Afternoon at the Beach	\$25		
				<del>Tour of Winter Park</del>	\$68		
				Golf Tournament (Waldorf Astoria)	\$160		
				<b>Saturday, April 24</b>			
				<del>Dolphin, Manatees &amp; Gators</del>	\$109		

**Optional Donation to the SIOR Foundation** \$ \_\_\_\_\_

*(All donations are tax deductible and are included in your cumulative total for the fiscal year Sept. 1 – Aug. 31. Donors of \$1000 or more as of 8/31/10 will be invited to High Donor Event at the Fall Conference.)*

### Notes

#### SIOR Kid's Night Out

A completed and signed form for SIOR Kid's Night Out can be sent with your registration. For more information on child services, please visit the conference website. <http://www.siordata.com/orlando/optionalevents.html>

- <sup>1</sup> Applicant rate only applies if application form has already been submitted
- <sup>2</sup> Significant Other: a person such as a spouse or domestic partner
- <sup>3</sup> International is defined as traveling from outside the US & Canada
- <sup>4</sup> New SIORs granted 1 free registration during first 2 yrs. of membership.
- <sup>5</sup> One Panattoni Party ticket included per registration

<b>OPTIONAL EVENT TOTAL</b>	
<b>CONFERENCE GRAND TOTAL</b>	

### License Number

RE License #:	State:	Broker: <input type="checkbox"/>
		Sales: <input type="checkbox"/>
RE License #:	State:	Broker: <input type="checkbox"/>
		Sales: <input type="checkbox"/>

### Payment

**A. Credit Card (circle one):**    Visa    MC    Amex

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**B. Check (payable to SIOR)** \_\_\_\_\_ Check No. \_\_\_\_\_

Please remember to:

1. Fax completed forms to 202.517.9151 **AND**
2. Mail along with check to SIOR Headquarters

ATTN: Events Department - SIOR  
1201 New York Ave. NW, Ste. 350  
Washington, DC 20005

### Conference Cancellation Policy:

Must be in writing to SIOR. Fax to 202.517.9151 or email Events at [events@sior.com](mailto:events@sior.com). Refunds granted until **April 2, 2010** (less a \$100 fee). 50% refundable **April 3-14, 2010** (less a \$100 fee). No refunds after **April 15, 2010** or for "No Shows."

-- Fax both pages to 202.517.9151. --

# 2010 SIOR SPRING WORLD CONFERENCE

## 2010SPRING WORLD CONFERENCE HOUSING REQUEST

HILTON BONNET CREEK, Orlando, FL– April 22-24

### Hotel Reservation Questions?

SIOR Events – events@sior.com or 202-449-8218

\*\*\*\*Please do not contact the hotel directly\*\*\*\*

- Hotel reservation must accompany conference registration (pg. 1)
- Confirmations will be emailed directly from the Hilton Bonnet Creek.
- **Please Note:**  
Hotel will charge one nights room + tax to confirm the reservation

### Room Reservation Request

Name on Reservation:	Email Address: <i>(for Hotel Confirmation)</i>		
Arrival Date:	Departure Date:		
Number of Rooms Needed:	Number of People in Room	Adults:	Children:
Request Shared Room / Roommate: Yes or No	Roommate Name <i>(if known)</i> :		
Bed Type Preference: 1 King or 2 Doubles	Smoking Room _____	Non-Smoking Room _____	
Hilton Honors Number:	Special Requests:		

### Room Type

___ <b>Single/Double</b>	US \$279 + tax per night	All rooms have wireless High-Speed Internet access and voicemail.
___ <b>Triple</b>	US \$304 + tax per night	NOTE: No more than four persons per room
___ <b>Quad</b>	US \$329+ tax per night	
___ <b>Single/Double</b>	Rates begin at \$316 + tax	Waldorf Astoria
___ <b>Executive Suite (1 bedroom)</b>	US \$659 + tax per night	Parlor and bedroom
___ <b>One-bedroom Suite (1 bedroom)</b>	US \$659 + tax per night	Parlor with Murphy bed conference table, small kitchen and bedroom.

### Hotel Reservation Guarantee

#### CREDIT CARD IS REQUIRED FOR ALL HOTEL RESERVATIONS.

Type of Card:  MC  Visa  AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

### Notes & Cancellation Policy

- The SIOR group rate is obtainable (based on availability) three (3) days before and after the conference dates of **April 22-24, 2010**.
- Conference room availability is limited. Room reservation must be received on or before **March 30, 2010**. After **March 31, 2010**, room reservations will only be accepted based on a rate and space availability.
- **Hotel Cancellation Policy:** Cancellations must be received in writing to SIOR Events (events@sior.com) or fax (202.517.9151) **7 days prior to your scheduled arrival date** otherwise your reservation is subject to one night's room and tax penalty.

-- Fax both pages to 202.517.9151. --

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## WA Kid's Club Welcomes

### 2010 SIOR SPRING WOLRD CONFERENCE

#### SIOR Kid's Night Out

Thursday, April 22, 2010, 5:00pm-8:00pm

Please complete the registration form to be enrolled in SIOR Kid's Night Out at WA Kid's Club  
Please note; if you would like to utilize the services of WA Kid's Club from 8pm-10pm, there will be an additional \$30 fee per child.  
All children must be between the ages of 5-12

<b>Name of Parent/Guardian-</b>
<b>Date Requested-</b> <b>Thursday, April 22, 2010</b>
<b>Date Reservation Made-</b>
<b>Name of Child(ren)-</b>
<b>Ages &amp; Birthdays of Children-</b>
<b>Event (Day Escape/After Dark)-</b> <b>SIOR Kid's Night Out (Astoria After Dark--Dinner Included)</b>
<b>Approximate Time in WA Kids-</b>
<b>Contact Number-</b>
<b>Quoted Price-</b> <b>\$75 per child</b> <b>(an additional \$30 if staying after 8pm-10pm)</b>
<b>Will your child(ren) remain with WA Kids Club after 8pm-</b>
<b>Allergies (including food allergies)-</b>

*WA Kid's Club requires a 24hr cancellation; In the event notice is not given within 24hr period you will incur a \$25 cancellation fee*

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY**

1. I hereby consent to My Child/Children /Children participating in the Program.
2. I expressly assume all risk associated with My Child/Children participating in W=A Kids the Program, including without limitation, participating in water sports, arts & crafts, video games, and other risks associated with playing and eating in a child camp environment. I acknowledge that participation in the in the Program may, at times, be hazardous.
3. In consideration of receiving permission to have My Child/Children take part in the Program, I agree, on behalf of myself and My Child/Children, to release, discharge, hold harmless and indemnify Society of Industrial and Office Realtors, officers, agents, directors and employees; Hilton Hotels Corporation, the owner of this resort, and their respective subsidiaries and affiliates, agents, officers, directors, owners, contractors and employees (collectively, the "Released Parties") from and against any and all claims, demands or liabilities that I or My Child/Children might make, assert or allege arising from or related to personal or physical injury to My Child/Children, including death, property damage or any loss sustained in connection with the Program. I also agree to indemnify and hold harmless the Released Parties for any claim brought by a third party related thereto.
4. I represent and warrant that I am the parent and/or legal guardian of My Child/Children. I accept responsibility for all My Child/Children's medical expenses incurred in connection with the program.
5. I represent that My Child/Children is in good health, sufficient to participate in all activities associated with the Program, that there are no special needs associated with the care of My Child/Children except those noted above, and that all special instructions regarding My Child/Children have been included herein.
6. I hereby authorize W=A Kids staff to apply any sunscreen protection provided by me to My Child/Children.
7. I irrevocably grant permission to use and own the copyright to any photograph, videotape, or other likeness of My Child/Children taken while participating in the Program. Such material, including publishing My Child/Children's name, may be used in any medium for any purpose whatsoever.
8. I hereby acknowledge that My Child/Children is between the ages of five and twelve years old. I understand and agree that if My Child/Children is younger or older than this, then it is my responsibility to pick up My Child/Children.
9. I hereby acknowledge that My Child/Children is fully "potty trained" and can independently use the restroom by himself or herself. I understand that if a W=A Kids Coordinator becomes aware of that My Child/Children is not able to use the restroom independently, then it is my responsibility to pick up My Child/Children.
10. **AUTHORIZATION FOR MEDICAL TREATMENT:** If, in the sole and absolute discretion of a medical physician or emergency medical personnel, it becomes necessary to administer medical treatment to the child listed above, including, but not limited to, any/all first aid, medical diagnostics, procedures, surgery, medications, anesthesia, or any/all other medical services under circumstances where the Parent/Guardian listed above cannot be reached, or, where in the sole discretion of the medical physician or emergency medical personnel, any delay in securing said Parent/Guardian's consent could jeopardize the health, safety, or welfare of My Child/Children, I HEREBY AUTHORIZE AND CONSENT TO ANY/ALL MEDICAL TREATMENT/SERVICES BEING PERFORMED ON MY CHILD/CHILDREN AS DEEMED NECESSARY IN THE SOLE AND ABSOLUTE DISCRETION OF A MEDICAL PHYSICIAN OR EMERGENCY PERSONNEL. I hereby assumes responsibility for any/all resulting charges. I also agree that basic first aid may be administered by W=A Kids personnel without contacting me.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE FORM.**

W=A Kids will charge a **\$2.00 per minute late fee**, which will be added to your overall bill if any children are not picked up at the scheduled closing time of any W=A Kids Session.

**?** PLEASE READ AND CHECK THAT YOU UNDERSTAND THE LATE FEE CHARGE:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_