



EXHIBITOR REGISTRATION FORM

Black Doctoral Network Recruitment and Resource Fair
11th Annual Black Doctoral Network Conference
October 19 - 21, 2023 | Atlanta Marriott Marquis | Atlanta, GA

Company Name: _____

Contact Name: _____

Title: _____

Email: _____

Company (Billing) Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Instagram Handle _____ Twitter Handle _____

Industry: Business Education Energy and environment Engineering Finance Health science
 Marketing Technology Research Public service Other _____

Booth Type: Employment Graduate/Professional Program Products/Services Other _____

Exhibitor Booth Agreement: I have read and agreed to the Exhibitor Booth Agreement. Yes (Required)

Photo/Video Release: I give my consent to be photographed or video recorded during this event. Yes (Required)

Individual Exhibitor	Price
Corporate and Industry	<input type="checkbox"/> \$700 x ____
Colleges, Government Agencies and Non-Profits	<input type="checkbox"/> \$500 x ____
Small Business	<input type="checkbox"/> \$450 x ____
Unit Member	<input type="checkbox"/> \$450 x ____
University Partner	<input type="checkbox"/> \$400 x ____

Booth Bundle Packages (3 Registrations)	Price
Corporate and Industry	<input type="checkbox"/> \$1,800
Colleges, Government Agencies and Non-Profits	<input type="checkbox"/> \$1,300
Small Business	<input type="checkbox"/> \$1,150
Unit Member	<input type="checkbox"/> \$1,150
University Partner	<input type="checkbox"/> \$1,000

Add-Ons:

Networking Social Tier 1 Ticket \$80 x ____ Networking Social Tier 2 Ticket \$120 x ____

Networking Social Tier 3 Ticket \$250 x ____ (Tier 3 includes admission for 2)

Name(s) of Networking Social Ticket Holders: _____

List any dietary restrictions: _____

How did you hear about our event? _____

Total Payment: \$ _____

Payment Method: Check (Payable to Black Doctoral Network) Visa MasterCard Discover

Card Number _____ Card Exp. _____ CVV _____

Card Holder Name _____

Authorization Signature _____

Registration Deadline: Friday, September 29, 2023

Refund Policy: No refunds will be granted starting September 22, 2023

Mail completed form to: Black Doctoral Network Inc., 300 Delaware Ave. Suite 210, Wilmington, DE 19801 or send via e-mail to contact@blackphdnetwork.com. You will receive a confirmation email once your form has been processed.



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Company Name _____

EXHIBITOR #1 Prefix _____ First Name _____ Last Name _____

Professional Title _____

Email _____

Phone _____ Days Attending Thursday Friday

EXHIBITOR #2 Prefix _____ First Name _____ Last Name _____

Professional Title _____

Email _____

Phone _____ Days Attending Thursday Friday

EXHIBITOR #3 Prefix _____ First Name _____ Last Name _____

Professional Title _____

Email _____

Phone _____ Days Attending Thursday Friday

EXHIBITOR BOOTH AGREEMENT

- I agree to assume the entire responsibility and liability for losses, damages and claims arising out of injury to persons or damages to exhibitor's displays, equipment or other property brought upon the premises of Atlanta Marriott Marquis Hotel and agree to indemnify, defend and hold harmless the Black Doctoral Network, booth vendor, Atlanta Marriott Marquis Hotel and its owners, servants, agents and employees against all claims or expenses for such losses. Exhibitor space is limited and will be available on a first-come, first-serve basis. The Black Doctoral Network reserves the right to accept or reject any exhibitor. All products and services displayed and/or sold from exhibits must be pre-approved by the Black Doctoral Network.

PAYMENT & REFUND POLICY:

Black Doctoral Network Inc.
300 Delaware Ave.
Suite 210
Wilmington, DE 19801

Payments can be made via credit card or check/money order.
We accept Visa, MasterCard, and Discover.
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