



## EXHIBITOR-ONLY BADGE REGISTRATION

Use this form to request Exhibitor-Only Badges for personnel staffing your company's exhibit booth. Please type or print. Make copies if additional space is needed.

### Important Deadlines

Hotel Reservation <b>August 25</b>	Badge Name Change/Substitution <b>August 25</b>	Registration Cancellation <b>August 16</b>
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**Exhibiting Company Name:** \_\_\_\_\_  
 All Exhibitor-Only Badges will display the exhibiting company name, there are no exceptions to this policy.

**In the event of an emergency,** please provide primary booth contact for Exhibitor-Only personnel.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check one box to indicate if each exhibit booth personnel is receiving a "Free Badge" per the Exhibitor-Only Badge Allocation Chart (page 2) or "Paid Additional Badge (\$300)". A unique email address is required for each booth registrant to receive registration and badge confirmation emails. **ALL Exhibitor-Only booth personnel must read, sign and return the COVID Acknowledgment located on page 3 of this form.**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Email: \_\_\_\_\_  Free Badge  Additional Badge (\$300)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Email: \_\_\_\_\_  Free Badge  Additional Badge (\$300)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Email: \_\_\_\_\_  Free Badge  Additional Badge (\$300)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Email: \_\_\_\_\_  Free Badge  Additional Badge (\$300)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Email: \_\_\_\_\_  Free Badge  Additional Badge (\$300)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Email: \_\_\_\_\_  Free Badge  Additional Badge (\$300)

### Payment Information

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

Payment (Additional Badge)

\_\_\_\_\_ No. of Additional Exhibitor-Only Badges @ \$300 each = \$\_\_\_\_\_ Total amount to be charged.

Enclosed check made payable to American Trucking Associations

AMEX  MasterCard  Visa

Credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**Mail or fax completed form to:**

ATA Registrations  
 PO Box 101360  
 Arlington, VA 22210  
 Fax: (703) 838-1701



### Exhibitor-Only Badge Allocation Chart

Booth Square Feet	Max. Free	Max. Paid Additional	Booth Square Feet	Max. Free	Max. Paid Additional
100-300	3	3	900-1200	8	8
400-600	4	4	1300 & Up	12	12
700-800	6	6	Trailer Only	4	4

After a booth has used all of their allotted Free Badges – **Additional Exhibitor-Only Badges may be purchased for \$300 each (up to the maximum allotted Paid Additional Badges listed above).**

Install & Dismantle (I&D) Exhibit Badges will be available onsite at the TMC Registration Desk.  
• I&D Badges will ONLY allow access to the exhibit hall during designated Installation & Dismantle times.

**Exhibit personnel in excess of the maximum allotted Free and Paid Additional Badges, as indicated above, MUST register as a Full Meeting Attendee.**

#### Exhibitor-Only Badge Includes:

- Access to Exhibit Hall
- All applicable Exhibit Hall food functions

#### Exhibitor-Only Badge Does Not Include:

- Access to any business sessions
- Access to food functions not related to Exhibit Hall

Full Meeting and Spouse/Guest registrants will have access to exhibit hall functions

**Badge name changes/substitutions must be made** by submitting the Exhibitor-Only Badge Name Change form with written notification **no later than August 25**. After August 25, all badge name change/substitutions must be made on-site at the TMC Registration Desk.

**To cancel/downgrade from an Additional \$300 Exhibitor-Only Badge to a Free Exhibitor-Only Badge**, submit the Exhibitor-Only Badge Name Change form with written notification no later than **August 16**, to receive a **refund minus a \$50 Administrative fee**.

**Send all written notifications to ATA Registrations** by fax to (703) 838-1701 or by email to: [registrations@trucking.org](mailto:registrations@trucking.org).

**No refunds will be issued for cancellation or downgrade requests postmarked after August 16.**

### HOTEL INFORMATION

TMC/ATA has negotiated special discounted hotel room rates at a variety of Cleveland hotels. Only those registered for the meeting will receive a hotel booking link in their registration confirmation email. **The deadline to book your hotel at the TMC/ATA discounted rate is \*August 25.** TMC/ATA cannot guarantee availability of discounted rooms after this deadline. (\*Housing cut-off will not extend.)

HOTEL NAME	NIGHTLY RATE (SINGLE/DOUBLE)
Cleveland Marriott Downtown at Key Tower	\$196
The Westin Cleveland Downtown	\$179

Nightly rates do not include taxes, which are subject to change without notice. Rates are based upon availability and may increase with additional occupancy.

If you need to make changes to your hotel reservation (arrival/departure/cancellation), please call the hotel directly.

### LEGAL NOTICE

All persons entering the exhibit hall, business sessions and social events must be 18 years of age or older and registered for TMC's Fall Meeting. We thank you for your cooperation.

By registering for TMC's Fall Meeting, you consent to be photographed and agree to the following statement:

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

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

By registering for and attending the ATA Technology & Maintenance Council Fall Meeting & Transportation Technology Exhibition at the Huntington Convention Center in Cleveland, Ohio, (the “Event”), I acknowledge that I will be voluntarily participating in the following activities held by the American Trucking Associations (“ATA”):

(collectively, the “Activities”). Participate in a five-day meeting expected to have approximately 2,200 attendees who will come to the Event from many different locations across the U.S.; meetings will be held indoors in rooms at up to 50% seating capacity (or, if an order or law is in place requiring an even more reduced capacity at the Event site, at no more than that permitted capacity); meals will take place in indoor function space at five people per 6’ banquet round; food will be served as plated meals and buffet with hotel and convention center wait staff serving following appropriate sanitation policies; exhibit displays will be located in the convention center exhibit halls; technician competitions will be held in indoor function space; optional networking events will also be held indoors at 50% room capacity (or, if lower, at no more than the legally permitted room capacity at the time of the Event).

I am aware that the novel coronavirus, which causes the disease known as COVID-19, has been declared a worldwide pandemic by the World Health Organization. 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. People can be infected, show no symptoms and spread the disease unknowingly. Evidence has shown that COVID-19 can cause serious life-threatening illness/ death. I am aware that the Activities are occurring in a public and/or indoor location during the COVID-19 pandemic, and that the Activities therefore could be hazardous. **I am aware that even diligent efforts to follow public health guidance and orders cannot guarantee that participants in the Activities 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, including but not limited to the activities listed above. 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 ABIDE BY ALL HEALTH AND SAFETY PROTOCOLS** while participating in the Activities and 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: \_\_\_\_\_