

OCTOBER 22-25 - DETROIT, MICHIGAN

REGISTRATION FORM

You can submit your SCANTrivia question to us either through our portal or you may use this form and send it to us electronically. If you choose to use our portal your login credentials will be emailed to you shortly after your payment has been processed.

You may also use this form to create your SCANTrivia question and submit it to us by fax or email. Our team will then enter your question and choices into our system and follow up with a confirmation email.

You can choose a SCANTrivia table top sign or a poster for your booth. Your SCANTrivia sign will be delivered to your booth shortly after set up or prior to the opening of the trade show.



8.5"x11" foam core sign w/ easel back



20"x30" foam core sign (does not include easel)

Select Your Sign Type

\$55

SCANTrivia Table Top

\$85

SCANTrivia Poster

Create Your SCANTrivia Question (multiple choice or true/false)

(Tip: Highlight a product or service and do not use "all of the above" as your choice answer)

Multiple Choice

Please mark the correct answer

- 1. _____
- 2. _____
- 3. _____
- 4. _____

True/False

Please mark the correct answer

- The above question is **True**
- The above question is **False**

Please email or fax form to:
 Email: service@scanvengerhunt.biz
 Fax: 1-877-865-9622

Questions:
 Sean Fields
sean@scanvengerhunt.biz
 1-800-975-5161 Ext 703



Credit Card Payment Authorization Form

Payment Details:

You are authorizing a one-time payment of \$55.00 or \$85.00 to your Visa, MasterCard, Amex or Discover card for your participation in SCANTrivia during the 2017 NMSDC Conference. The payment amount has been indicated on the registration form.

Please complete the information below:

I, _____ authorize SCANVenger Hunt to charge my credit
(full name)
card for the amounts indicated on the registration form.

Business Name _____

Billing Address _____ Zip _____

Phone (____) _____ City _____

Email Address _____



Account Type: Visa MasterCard Discover American Express

Cardholder Name _____

Account Number _____

Expiration Date Month: _____ Year: _____

CVV (3 digit number on back of Visa/MC) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute this payment with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Please Fax Form to: 1.877.865.9622