



2009 INTERNATIONAL BILLIARD & HOME RECREATION EXPO REGISTRATION FORM

Thursday, June 25- Saturday, June 27, 2009

Sands Expo Center * Las Vegas, Nevada

Registration Instructions. Please read carefully before completing the registration form.

- The International Billiard & Home Recreation Expo is a business-to-business event and only open to qualified members of the billiard and home recreation industry. The Expo is NOT OPEN TO THE GENERAL PUBLIC.
- Only current BCA members are entitled to register for the Expo at the discounted member rate. To update current membership or to join the BCA, please contact Karl Freeland, BCA Membership Administrator at (866) 852-0999
- Player Members, League Members, League Operators, Referees and Instructors are NOT automatically qualified to attend the Expo.
- Your badge will be created based upon the information provided below. You must complete the entire registration form. Incomplete forms will not be processed.
- Badges will not be mailed prior to the Expo. You will need to pick up badges at the Registration Desk onsite at the Sands Expo Center. Once your registration is processed, you will be sent a confirmation via e-mail or fax. Please make sure to retain your confirmation and bring it with you to the Expo.
- Do not complete this form if you are a current exhibitor at the Expo.
- Do not complete this form if you are registering as Media. Please complete the Media Registration Form.
- Please do not submit registrations for minors under the age of 17. Alternate identification will be available onsite at the Expo.
- Sorry, there are no refunds.

1. General Information (please print clearly):

BCA Member Non-Member

NAME #1 _____

TITLE _____

NAME #2 _____

TITLE _____

NAME #3 _____

TITLE _____

NAME #4 _____

TITLE _____

NAME #5 _____

TITLE _____

NAME #6 _____

TITLE _____

All fields below are required in order for your registration to be processed.

COMPANY NAME _____

MAILING ADDRESS _____

CITY/STATE/COUNTRY ZIP+4 _____

TELEPHONE (+ COUNTRY CODE FOR INT'L) _____

FAX _____

EMAIL _____

MAIL OR FAX THIS FORM WITH PAYMENT TO:
 INTERNATIONAL BILLIARD & HOME RECREATION EXPO
 c/o William T. Glasgow, Inc.
 10729 West 163RD Place
 Orland Park, IL 60467
 Fax: (708) 226-1310

Check here if you have special needs/services as part of the Americans With Disabilities Act (ADA).

Please send me BCA membership information

I do not consent to receive all fax/e-mail communications sent by or on behalf of Expo Management, Expo Sponsors, Expo Contractors and service providers. We understand that any change in the information on this agreement must be made in writing.

2. Business Classification (check one only):

- | | |
|--|--|
| <input type="checkbox"/> A. Billiard Retailer (Physical Store) | <input type="checkbox"/> F. Other Retailer (Specify) _____ |
| <input type="checkbox"/> B. Billiard Retailer (Catalog/Internet) | <input type="checkbox"/> G. Billiard Room Operator |
| <input type="checkbox"/> C. Sporting Goods Retailer | <input type="checkbox"/> H. Bowling Center/FEC |
| <input type="checkbox"/> D. Furniture Retailer | <input type="checkbox"/> I. Distributor (Non-Exhibiting) |
| <input type="checkbox"/> E. Pool/Spa Retailer | <input type="checkbox"/> J. Manufacturer (Non-Exhibiting) |

3. What is your buying authority?

- A. Make all decisions B. Make recommendations C. None

4. I will purchase:

- A. At the Expo B. Within 30 days C. Within 90 days

5. Number of locations you buy for:

- A. 1 B. 2-4 C. 5-9 D. 10 and over

6. Value of inventory/room equipment purchased annually:

- | | | |
|--|--|--|
| <input type="checkbox"/> A. Less than \$100,000 | <input type="checkbox"/> C. \$500,001- \$1,000,000 | <input type="checkbox"/> E. \$2,000,001- \$4,000,000 |
| <input type="checkbox"/> B. \$100,001- \$500,000 | <input type="checkbox"/> D. \$1,000,001- \$2,000,000 | <input type="checkbox"/> F. \$4,000,001 and over |

7. Number of employees:

- | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> A. 1-3 | <input type="checkbox"/> B. 4-10 | <input type="checkbox"/> C. 11-30 |
| <input type="checkbox"/> D. 31-50 | <input type="checkbox"/> D. Over 50 | |

8. Number of years in the business:

- | | | |
|--|---|---|
| <input type="checkbox"/> A. Less than one year | <input type="checkbox"/> D. 6-10 years | <input type="checkbox"/> G. Over 35 years |
| <input type="checkbox"/> B. 1-2 years | <input type="checkbox"/> E. 11-20 years | |
| <input type="checkbox"/> C. 3-5 years | <input type="checkbox"/> F. 21-35 years | |

9. Size of facility:

- | | |
|---|---|
| <input type="checkbox"/> A. Up to 5,000 sq. ft. | <input type="checkbox"/> D. 20,001-40,000 sq. ft. |
| <input type="checkbox"/> B. 5001-10,000 sq. ft. | <input type="checkbox"/> E. 40,001-60,000 sq. ft. |
| <input type="checkbox"/> C. 10,001-20,000 sq. ft. | <input type="checkbox"/> F. 60,001 sq. ft. and over |

R Registration Fees (per person):

	Before April 30	After April 30
BCA Member	FREE	\$25
Non-BCA Member	\$25	\$50
Total Due	\$	

Payment Method

- Enclosed is a check payable to BCA
- Charge my credit card VISA MasterCard

NAME ON CREDIT CARD (PLEASE PRINT) _____

CARD NUMBER _____ EXP. DATE _____

SIGNATURE (I agree to pay the above total amount according to my card issuer agreement) _____

For more information please visit www.bcaexpo.com.

Questions? Please contact William T. Glasgow, Inc.
at 708-226-1300