

# 2019 CRCBR COMMERCIAL SPOTLIGHT

SEPTEMBER 25 @ LEGACY UNION'S  
BANK OF AMERICA TOWER

## EXHIBITOR REGISTRATION FORM

Center City has a new center! Legacy Union makes a groundbreaking, past-honoring, future-celebrating addition to the Queen City's skyline. Its myriad of options will rise at the center of a dynamic, evolving area of Uptown Charlotte. On September 25, come see what this venue has to offer while networking with members of the Charlotte commercial brokerage community at our largest industry tradeshow and networking event. CRCBR's Commercial Spotlight showcases top commercial real estate trendsetters and their latest services, developments and space availabilities in the Charlotte region.

### OUR HOST



### EXHIBITOR TABLE INFORMATION

**NEW THIS YEAR!** - There will be two display options for exhibiting companies. *Standard Displays* will include one 6 ft. draped and skirted display table and two complimentary registrations. *Cocktail Round Displays* will include one 30 inch draped and skirted cocktail round display table with one complimentary registration. Companies must bring their own materials and display needs. Exhibitors are encouraged to bring giveaways and door prize items to hand out at their booth. More details about set-up and load-in information will be provided prior to the event.

### EXHIBITOR DETAIL QUESTIONS

Will you be using the physical table or would you like it to be removed? \_\_\_\_\_

Will you have any external vendors assisting with your set up? \_\_\_\_\_

Are there any companies you would prefer not to be located next to? (we will do our best to take these preferences into account)

### COMPANY INFORMATION

Booth Contact Name \_\_\_\_\_

Complimentary Booth Staff #1 - Name \_\_\_\_\_ Email \_\_\_\_\_

Complimentary Booth Staff #2 (if applicable) - Name \_\_\_\_\_ Email \_\_\_\_\_

Exhibiting Company Name (as it should appear on promotions) \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

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

### PAYMENT INFORMATION

Method of Payment:  Check  VISA  MasterCard  AMEX Total \$ \_\_\_\_\_

CC# \_\_\_\_\_ CID# \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

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

CRCBR cancellation policies apply.

Fax or Email completed form to: info@crcbr.org | CRCBR, 1300 Baxter St., Ste. 360, Charlotte, NC 28204 | 704-377-8983 (fx) | 704-377-8982 (ph)