New Product Pavilion

2019 BICSI Winter Conference & Exhibition

Orlando, FL | January 20-24

Gaylord Palms Resort & Convention Center

Application Deadline: November 20, 2018

Presentation of an award does not constitute endorsement of the product by BICSI.

Company Information

Company Name: _____ Company Contact Person: _____

Contact's Phone Number: _____ Contact's Cell Phone: _____

Contact's Email: _____

On-Site Contact: _____

On-Site Contact's Email Address: _____

On-Site Contact's Cell Phone Number: _____

Product Information

Product Name: _____

Best in Show Product Category (check appropriate category):

[ ] Building Systems Solutions *(for example: Fire Alarms, Firestopping, ESS, Wireless, Lighting/Sound/AV, Burglar & Access Control)*

[ ] Connectors & Connectorization

[ ] Copper & Fiber Cable Innovation *(for example: Copper Cable, Fiber Cable, Cable Marking/Labeling, Cable Ties)*

[ ] Install Tools, Methods & Testing *(for example: Grounding & Bonding)*

[ ] Physical Support Equipment *(for example: Racks, Cabinets, Flooring, Infrastructure Boxes, Pathways, Power Supply)*

[ ] Software & Applications

Product Description (50 words or less): _____

_____

_____

Materials to Accompany this Application

(1) Letter of exclusive supply from the manufacturer.

(2) High-resolution company logo.

(3) High-resolution photo of the product.

On-Site Contact Information

If you need to reach a BICSI representative during the 2019 Winter Conference & Exhibition, please contact **Kim Osterman at +1 813.363.8711 (cell) or Courtney Nalls at 813.352.0660 (cell).**

For questions or additional information, contact Kim Osterman with the BICSI Conferences & Events Department at +1 813.979.1991, ext. 841 or kosterman@bicsi.org.

Complete and return this form by Tuesday, November 20, 2018

Attention: Courtney Nalls ● **Fax:** +1 813.971.0286 ● **Email:** cnalls@bicsi.org

What's New, What's It Do?

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Company Information

Company Name: _____ Company Contact Person: _____

Contact's Phone Number: _____ Contacts's Cell Phone: _____

Contact's Email: _____

Presenter's Information

Presenter's Name: _____ Presenter's Hotel: _____

Presenter's Phone Number: _____ Presenter's Cell Phone: _____

Presenter's Arrival Date in Orlando: _____ Presenter's Email: _____

Audiovisual Requirements

The following audiovisual equipment will be provided for the presentations: lectern with microphone, handheld wireless microphone, projection screen, laptop and LCD projector. Indicate any additional requirements below. A BICSI representative will contact you to discuss additional requirements, if indicated below.

Additional Audiovisual Requirements: _____

Are you doing a computer-aided presentation? _____ Yes _____ No

If yes, your presentation must be received at BICSI in PowerPoint® format **by Friday, January 11, 2019**. If your presentation is less than 10Mb, you may email it to Kim Osterman at **kosterman@bicsi.org.** Presentations larger than 10Mb can be sent via DropBox or any other shared file system to the attention of Kim Osterman at **kosterman@bicsi.org**.

Presentation Rehearsal Times and Appointments

Presenters will have the opportunity to rehearse and view the theater in advance of their presentations by appointment. Below are the available rehearsal times. Please check the time and date to indicate that you would like to schedule an appointment to rehearse your presentation. A BICSI representative will contact you with your scheduled appointment time.

_____ 3-4 p.m. on Monday, January 21, for the Monday sessions

_____ 3-4 p.m. on Tuesday, January 22, for the Tuesday sessions

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What's New, What's It Do? & New Product Pavilion

☐ **What's New? What's It Do?:** $750

☐ **Full-NPP kiosk & WNWID:** $1,500

☐ **New Product Pavilion:** $1,000 full-kiosk/$700 half-kiosk

☐ **Half-NPP kiosk & WNWID:** $1,200

Payment Information

In the space below, provide your credit card information. For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead.

Credit Card Type: [ ] Visa [ ] MasterCard [ ] Discover [ ] American Express **CVV**_____ **Billing Zip Code**_____

Credit Card #: _____ **Exp. Date:** _____

Name: _____ **Signature:** _____

(as it appears on credit card)