



September 30 – October 2, 2008  
Lejeune Field, Marine Corps Base Quantico

## Ground Robotic Obstacle Demonstration Course Entry Form

Please complete the information below to participate in the Ground Robotic Obstacle Demonstration Course located on the Expo Site at Modern Day Marine.

Exhibiting Company: \_\_\_\_\_ Booth #: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Ground Robotic Entry Information:

Product Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Tracked:     Yes /  No

Wheeled:     Yes /  No

**Cost:** The cost for each separate Ground Robotic Device to be demonstrated is \$900.

\_\_\_\_\_ Number of separate Ground Robotic Devices to be demonstrated

\_\_\_\_\_ of devices x \$900 per device = \$ \_\_\_\_\_

**Product Description:** submit a 40 word or less product description for each entry by **August 15, 2008** to be listed in the Modern Day Marine Show Guide and featured on the show website. E-mail product description to: **deb.webb@nielsen.com.**

### Payment Information:

**STEP 1:** Fax completed entry form to: (703) 488-2725

**STEP 2:** All entry forms must include payment or payment must be received within 10 days of receipt of entry form.

**STEP 3: Make check payable to Modern Day Marine**

**Mail checks to:**

Modern Day Marine  
P.O. Box 88938  
Chicago, 60695-1938

**Overnight checks to:**

Modern Day Marine  
c/o JP Morgan Chase  
525 W. Monroe, 8<sup>th</sup> Floor  
Lock Box 88938  
Chicago, IL 60661  
(703) 488-2741

**For more information, contact Charlie Baisley  
(703) 488-2741 or charles.baisley@nielsen.com**

**Modern Day  
Marine 2008**  
September 30 –  
October 2, 2008

Please FAX Completed Form Back To: (703) 488-2725

I authorize Nielsen Business Media to charge my credit card on behalf of MDM 2008 for the fees as indicated below.

**Credit Card Types Accepted**

- American Express  
 Mastercard  
 Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Invoice #: \_\_\_\_\_

**Credit Card Holders Address**

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Card Holders Name (please write clearly): \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

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