



# KMIP & PKCS 11 Interops at RSA 2017

13-17 February  
Moscone Convention Center  
San Francisco, California, USA

OASIS secured a premium booth for KMIP & PKCS 11 Interops at RSA 2017. Up to 12 members will be able to demo products in Booth #2115 in the South Hall. The cost per company to participate is 7,000 USD.

Members are invited to reserve space in the booth by submitting the signup form on the backside of this page. The first 12 reservations received will be confirmed, and all others will be placed on a wait list.

Confirmed participants will be responsible to actively engage in the pre-show technical discussions and abide by the technical requirements outlined by the Interop Team/TC (in accordance with the OASIS Interop Policy). Participants will also be responsible for bringing any company equipment that may be used as part of their participation.

Participants are encouraged to review the OASIS Interop Policy in advance:  
[www.oasis-open.org/policies-guidelines/interop](http://www.oasis-open.org/policies-guidelines/interop)

## PARTICIPATION BENEFITS

All Participants will operate out of the OASIS booth, coordinated by OASIS staff. The booth, stationed on the RSA show floor, will be dedicated to KMIP & PKCS 11 demonstrations. Booth visitors will be encouraged to interact with all the participants throughout the duration of the show. OASIS staff will work directly with the confirmed participants on booth layout. Marketing and promotional opportunities coordinated by OASIS staff will be available before, during and after the event.

### As part of their participation, each Participant will receive:

- An identical workstation that includes: *furniture, electricity, carpet, video monitor, and booth signage (with company logos)*
- Highspeed internet connectivity (*for two devices*)
- Two booth staff registrations
- Company recognition in all Interop promotions, including:
  - OASIS press release (*each Interop Participant will be highlighted, with quote opportunities for Foundational and Sponsor-level members*)
  - Interop datasheet, *featuring Participant logos and company descriptions*
  - Websites presences (*on both RSA and OASIS sites*)
  - Booth signage
  - Email announcements, OASIS News articles, social media outreach, etc.
- Dedicated OASIS staff support to coordinate logistics and assist in planning
- Subscription to an exclusive email list to be used throughout the planning process
- The option to distribute a piece of company collateral material in the Interop booth literature rack
- Complete list of all booth visitors with contact details (provided after the event)

Any questions regarding participation may be directed to: [Jane Harnad](#)

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## KMIP & PKCS 11 Interops at RSA 2017

# Participation Form

To reserve space, please complete this participation form no later than 2 April 2016. The first 12 reservations received will be confirmed, and all others will be placed on a wait list. The non-refundable participation fee will be due within 30 days of reserving space. Reservations not paid within 30 days will be forfeited and reassigned to members on the waiting list.

Main Contact: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Participation Fee

Participation Fee      7,000 USD

KMIP Interop

PKCS 11 Interop

### Approval & payment

By signing below, the individual executing this agreement represents and warrants that he/she is duly authorized to execute this binding contract on behalf of his/her company. The company agrees to pay the outlined participation fee within 30 days of reserving the space, and agrees to comply with all the rules outlined on the previous page (including meeting the criteria as defined by the OASIS Interop Policy and Interop Participant meetings in advance of the event). No refunds are available.

The undersigned has reviewed this agreement and confirms support in the amount of: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please choose the form of payment:

Check       Bank Transfer       Credit Card, please circle card type:      AMEX      VISA      MASTERCARD

**If by credit card, provide this information:**

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Holder's Name: \_\_\_\_\_ Holder's Signature: \_\_\_\_\_

**If by check, please make check payable to OASIS:**

35 Corporate Drive, Suite 150  
Burlington, MA USA 01803

**If by bank transfer, please contact [accounting@oasis-open.org](mailto:accounting@oasis-open.org) for more details.**