

# Exhibitor Registration

Contact Name: First \_\_\_\_\_ Last \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Website Address \_\_\_\_\_

**Other Participants (up to three others included in exhibit fee):**

1.) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

2.) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

3.) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Please list your competitors or any organizations you do **not** wish to be near \_\_\_\_\_

Please list any organizations that you would like to be near \_\_\_\_\_

Please list your top five booth location choices. Booth diagram is in the attached document.

**Exhibitor Costs & Information (For Monday, November 5 and Tuesday, November 6):**

Each 10' x 10' Booth: \$2,050 \_\_\_\_\_ 10' x 10' Booth x \$2,050 each = \$\_\_\_\_\_ total amount for booth rental

Additional Participants (\$150 per additional participant) x \_\_\_\_\_  
*Please enter total number of additional participants*

Total: \$ \_\_\_\_\_

Check OR  Credit Card (please circle one): Visa MasterCard American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

**Please email a one to two paragraph description of your organization to displayed in the 2007 Exhibitor Prospectus to be viewed by all Annual Meeting attendees to [bishop@ncura.edu](mailto:bishop@ncura.edu)**

**Cut off:** Please be aware that NCURA has set a strict deadline for registration this year, in order to better serve your needs. All exhibitor registrations must be received by Wednesday, October 17th, 2007.

**Cancellation:** Due to limited space, booth cancellations received by October 17 are eligible for a 50% refund. After October 17, there will be no refunds.

**QUESTIONS OR COMMENTS?**

Please contact Tara Bishop at:  
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