

# 2013

## NAICC & IICCA FOCUS ON PRECISION Exhibitor Contract

### Conference Attendee(s):

If registering people from various locations, please include names, addresses and contact numbers for **ALL** attendees. Attach additional copies of the contract if necessary. Each exhibiting company will receive one complimentary registration. Additional registrations are \$125 per person and include name badge and admission to all meal functions, educational sessions and exhibit hall function

**PLEASE TYPE OR PRINT**

#### EXHIBITOR REGISTRATION - \$250

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

*For planning purposes, please indicate which meals you wish to attend.*

Tuesday, February 19      Continental Breakfast \_\_\_\_\_

   Lunch in Exhibit Hall \_\_\_\_\_

   Social with light snacks & cash bar in Exhibit Hall \_\_\_\_\_

Wednesday, February 20      Continental Breakfast \_\_\_\_\_

   Lunch in Exhibit Hall \_\_\_\_\_

#### ADDITIONAL REGISTRATIONS - \$125 EACH

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

*For planning purposes, please indicate which meals you wish to attend.*

Tuesday, February 19      Continental Breakfast \_\_\_\_\_

   Lunch in Exhibit Hall \_\_\_\_\_

   Social with light snacks & cash bar in Exhibit Hall \_\_\_\_\_

Wednesday, February 20      Continental Breakfast \_\_\_\_\_

   Lunch in Exhibit Hall \_\_\_\_\_

**Enclosed Payment: All fees must be paid in US funds and must accompany the exhibit form in order to be processed.**

**Price for one tabletop exhibit space is: \$250**

\$ \_\_\_\_\_ for \_\_\_\_\_ exhibit space(s)

+ \_\_\_\_\_ for \_\_\_\_\_ additional registrations

@ \$125/person

= \$ \_\_\_\_\_ **Total amount enclosed**

**Send completed form with payment to:**

NAICC • 349 E. Nolley Drive • Collierville, TN 38017  
Phone: (901) 861-0511 • Fax: (901) 861-0512  
E-mail: AllisonJones@NAICC.org

**Check enclosed (payable to NAICC)**  
or

**Visa**

**MasterCard**

**American Express**

Name on card: \_\_\_\_\_

Billing address if different from above: \_\_\_\_\_

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

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

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

**For office use only:** Space # assigned \_\_\_\_\_ Date received \_\_\_\_\_ Amount received \$ \_\_\_\_\_

Check # \_\_\_\_\_ Cancellation received less fee \$ \_\_\_\_\_ Date \_\_\_\_\_