



The Wonderful World of State Government

NASCA & NASFA National Conference & Resource Expo

June 13-17, 2009



Exhibitor Registration Form

Please complete the entire application, as information is crucial to space assignment. Sign and return this application, along with an enclosed check payable to NASFA.

GENERAL EXHIBITOR INFORMATION (Required fields are indicated with an *)

Company Name* _____

Company Representative Name* _____

Title* _____ Division _____

Address* _____

City* _____ State* _____ Zip* _____ Phone* _____

E-mail* _____ Web Address _____

Our Exhibit Identification Sign should read* _____

We will be exhibiting (product or service & brief description) _____

If possible we would like to be near _____

Please list your first three choices for booth location.* Please reference the floorplan online at www.nasfa.net or www.nasca.org.

1. _____ 2. _____ 3. _____

List any organizations you would NOT like be located near _____

It is understood and agreed that NASCA/NASFA reserves the right to assign exhibitor locations and hereby assures the exhibitor that NASCA/NASFA will make every effort to place the exhibitor in the best possible location for the betterment of the exhibition. However, NASCA/NASFA reserves the right to make the final space assignment and to change at its sole discretion, any such assignments as it may deem necessary for the betterment of the exhibition. It is further understood and agreed that the exhibitor must abide by the information listed on the online exhibitor information located at www.nasfa.net or www.nasca.org.

PAYMENT INFORMATION

Yes, as a Member we wish to reserve _____ 10' x 10' booth(s) at \$600 plus \$50 security fee. (Note: Must be a NASCA/NASFA Corporate Affiliate Member to qualify for this rate.)

Yes, we wish to reserve _____ 10' x 10' booth(s) at \$2,000 plus \$50 security fee.

Total Amount Due \$ _____ Amount Enclosed \$ _____ Check # _____

American Express MasterCard Visa --- Card # _____ Expiration Date _____

Name as it appears on card _____

Signature of cardholder _____

Make check payable to: "NASCA/NASFA National Conference" (66-20-00-2009-44030)

NASCA FEIN # 61-1228745
NASFA FEIN # 61-1227879

AUTHORIZATION INFORMATION

We agree to abide by all the rules and regulations governing the exposition as posted online and that are hereby part of this application. Acceptance of this application by the National Association of State Chief Administrators (NASCA) and the National Association of State Facilities Administrators (NASFA) constitutes a contract.

Authorized Signature _____ Date _____

CONFIRMATION REQUEST

If you would like a confirmation email to be sent to the submitter complete the fields below. The submitter is different than the attendee.

Submitter Name _____ Submitter E-mail _____ Submitter Phone # _____

Fax this form to NASCA/NASFA at 859-244-8001 or mail to: NASCA/NASFA National Conference, CSG, P.O. Box 11910, Lexington, KY 40578-1910

For more information contact: Marcia Stone at 859-244-8181 or at mstone@csg.org or nasfa@nasfa.net