

NCACC Exhibit Show Request for Space

Name of primary representative in charge of exhibit:

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Billing and correspondence address of company

	City	State	Zip Code
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Telephone #

Fax #

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Email address (needed for person who will make booth selection)

Website address

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Booth sign should read (limited to one line):

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Address to be printed in Conference Program:

<i>Street/PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Describe, *in detail*, products or services promoted through your exhibit(s):

I accept the *Exhibit Space Agreement – Terms and Conditions* as stated and agree to abide by its provisions.

Signed: _____ Date: _____

***** BOOTH COST INFORMATION *****

Commercial Exhibitor (\$800 per booth space requested)	\$	_____
Non-profit/state agency (\$400 per booth space requested)	\$	_____
Dismantling Deposit	\$	100
TOTAL ENCLOSED FOR BOOTH(S):	\$	_____

METHOD OF PAYMENT:

CHECK No. _____
MASTERCARD: _____ Exp. Date _____
VISA: _____ Exp. Date _____
Authorizing Signature: _____

Return form, along with payment, to:

**NCACC
215 N. Dawson St.
Raleigh, NC 27603**

or fax **MASTER CARD** or **VISA** credit card information to:

**(919) 733-1065
ATTN: Todd McGee**

FOR INTERNAL USE ONLY	
APPROVED BY: _____	DATE: _____
PROCESSED BY: _____	DATE: _____