

National Convention Associate Registration Form

Please return to the NACA Office with payment.

NACA ■ 13 Harbison Way ■ Columbia, SC 29212 ■ 803-732-6222 ■ Fax 803-749-1047

FOR NACA OFFICE
USE ONLY

BT-ID _____

Date _____ Amt _____

Clk/CC/Track # _____

iMIS _____ Op _____

Batch _____

Company/Firm/Agency Name _____

Primary Contact _____

Event Contact (if different from above) _____ On-Site Phone Number _____

Event Contact E-mail _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____

Campus Activities Marketplace (CAMP) Fees:

Item Purchased	Fee is For	Cost	Quantity	Total Cost
Primary Booth	Exhibit Space and ONE Full Registration	\$1199	1	
Additional Booth(s)	Additional Exhibit Space(s)	\$890		
Preferences (see CAMP layout on page 18) 1. _____ 2. _____ 3. _____				
Booth Demo Fee (if needed; see page 15 for more info)		\$250	Only 1 Necessary per event	
Attraction Space (must still have exhibit booth)		\$3.00/ square foot	____ ft x ____ ft = ____ sq. ft	

Campus Activities Marketplace (CAMP)

Please describe booth demo (description required; demos must be approved in advance):

Please describe attraction in Marketplace Attraction space (description required; must be approved in advance):

Note: Please see insurance requirements for Booth Demos and Marketplace Attractions on Page 16.

Showcase Applications (do NOT include Sonicbids submissions):

Send submissions to NACA Office

SHOWCASE

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Attach any additional acts on a separate sheet.

Number of hard copy Showcase Applications _____ x \$105 = Total for Showcase Submissions \$ _____

Number of Training Showcase Applications _____ x \$105 = Total for Training Showcase Submissions \$ _____

Passes for Attendees: Each person attending **must** purchase a pass. **The primary booth fee includes only one full delegate pass.**

TYPES OF PASSES:

Full Registration: You must purchase one of these for your booth. This covers this delegate for all days of the event and allows them access to all activities in which they wish to participate.

Day Passes: Allows delegate access to all activities in which they want to participate.

CAMP-Only Pass (*sold per day*): Allows the delegate access to the CAMP only and no meals are provided.

REGISTRATION FEES

Event	Full Registration Early Fee	Full Registration Regular Fee	Day Pass	CAMP-Only
National Convention	By Jan. 22, 2010 \$309	After Jan. 22, 2010 \$355	\$150	\$50

DELEGATE INFORMATION

Delegate 1 Name: _____ Title: _____

E-mail: _____

Phone Number at Convention: _____

Passes for Delegate 1

Full (*included with Primary Booth Fee*)

Special Meal Requests (*note: if you do not eat certain types of meat, you should select the vegetarian option*):

Diversity Dinner: Monday, Feb. 15 @ 6:40–8:15 PM \$35Total \$ _____

Vegetarian Vegan Please list any food allergies: _____

Delegate 2 Name: _____ Title: _____

E-mail: _____

Passes for Delegate 2

Full (*see above for fee*)\$ _____

Day Pass \$ 150 Sat Sun Mon Tues (*two day maximum*)Total \$ _____

CAMP-Only Quantity: _____ @ \$ 50 per day Sat Sun Mon TuesTotal \$ _____

Diversity Dinner: Monday, Feb. 15 @ 6:40–8:15 PM \$35Total \$ _____

Special Meal Requests (*note: if you do not eat certain types of meat, you should select the vegetarian option*):

Vegetarian Vegan Please list any food allergies: _____

TOTAL FEES FOR DELEGATE 2:\$ _____

Additional delegates on following page.

PAYMENT INFORMATION

MISCELLANEOUS FEES

Fee Description: _____ Amount: \$ _____

TOTAL FEES INCLUDED

Total CAMP Fees\$ _____

Total Showcase Application Fees\$ _____

Total All Delegates\$ _____

TOTAL TO PAY BY: CHARGE CHECK ENCLOSED\$ _____

CREDIT CARD INFORMATION

VISA MasterCard American Express

Card # _____ Exp. _____

Name on Card: _____ Signature: _____