



Regional Conference Associate Registration Form

Please return to the NACA Office with payment. Fill out one form per region.

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

- NACA Central
 NACA Mid America
 NACA Mid Atlantic
 NACA Northeast
 NACA Northern Plains
 NACA South
 NACA West

FOR NACA OFFICE USE ONLY	
BT-ID	_____
Date	_____ Amt _____
Ck/CC/Track #	_____
iMIS	_____ Op _____
Batch	_____

Company/Firm/Agency Name _____

Primary Contact _____

Primary Contact Phone Number _____

Address _____

City _____ State _____ ZIP _____

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

Event Contact E-mail _____

Campus Activities Marketplace (CAMP)

Campus Activities Marketplace (CAMP) Fees:

Item Purchased	Fee is For	Cost	Quantity	Total Cost
Booth Preferences <i>(see map for corresponding event)</i> 1. _____ 2. _____ 3. _____	Exhibit Space Only	\$250		
Booth Demonstration	See Page 28	\$175	Only 1 Necessary per event	
Attraction Space— Must still have Exhibit Booth <i>(Available at Central, Mid America Northeast & West only)</i>	See Page 29	\$300		

Please describe booth demonstration *(required; demos must be approved)*:

Please describe attraction in attraction space *(required; must be approved)*:

Note: Please see insurance requirements for Booth Demonstrations and Marketplace Attractions on Page 23.

SHOWCASE

Showcase Applications (do NOT include Sonicbids submissions):

Send submissions to Showcase Selection Coordinator *(info provided on corresponding event page)*

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 \$75 = Total for Showcase Submissions \$ _____

Passes for Attendees: Each person attending **must** purchase a pass. **The booth fee purchases exhibit space only.**

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. It also includes one provided meal each day. *(Please refer to schedule on Page 4 for particular meals provided)*

Day Passes: Allows delegate access to all activities in which they want to participate and meal provided for the day in which they have the pass.

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
NACA South	Before Sept. 10, 2009 \$175	After Sept. 10, 2009 \$199	\$99	\$35
NACA Mid Atlantic	Before Sept. 24, 2009 \$195	After Sept. 24, 2009 \$225	\$109	\$35
NACA Central	Before Oct. 1, 2009 \$175	After Oct. 1, 2009 \$199	\$99	\$35
NACA Mid America	Before Oct. 8, 2009 \$170	After Oct. 8, 2009 \$196	\$99	\$35
NACA West	Before Oct. 15, 2009 \$175	After Oct. 15, 2009 \$199	\$99	\$35
NACA Northeast	Before Oct. 22, 2009 \$195	After Oct. 22, 2009 \$225	\$109	\$35
NACA Northern Plains	Before March 25, 2010 \$170	After March 25, 2010 \$196	\$99	\$35

DELEGATE INFORMATION

Delegate 1 Name: _____ Title: _____

E-mail: _____

Passes for Delegate 1

Full *(1 Required; see corresponding event for fee)*\$ _____

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 1:\$ _____

Delegate 2 Name: _____ Title: _____

E-mail: _____

Passes for Delegate 2

Full *(see corresponding event for fee)*\$ _____

Day Pass \$ _____ Thur Fri Sat *(one day only)*Total \$ _____

CAMP-Only Quantity: _____ @ \$ 35 per day Thur Fri SatTotal \$ _____

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: _____

ADDITIONAL DELEGATES

Delegate Name: _____ Title: _____

E-mail: _____

Passes for Delegate

Full (see corresponding event for fee)\$ _____

Day Pass \$ _____ Thur Fri Sat (one day only)Total \$ _____

CAMP-Only Quantity: _____ @ \$ 35 per day Thur Fri SatTotal \$ _____

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:\$ _____

Delegate Name: _____ Title: _____

E-mail: _____

Passes for Delegate

Full (see corresponding event for fee)\$ _____

Day Pass \$ _____ Thur Fri Sat (one day only)Total \$ _____

CAMP-Only Quantity: _____ @ \$ 35 per day Thur Fri SatTotal \$ _____

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:\$ _____

Delegate Name: _____ Title: _____

E-mail: _____

Passes for Delegate

Full (see corresponding event for fee)\$ _____

Day Pass \$ _____ Thur Fri Sat (one day only)Total \$ _____

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TOTAL FEES FOR DELEGATE:\$ _____