



# 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 _____
Ck/CC/Track #	_____
iMIS	_____ Op _____
Batch	_____

**THIS FORM WILL NOT BE ACCEPTED AFTER JAN. 25th. YOU MAY REGISTER ONLINE UNTIL FEB. 4th.  
AFTER JAN. 25th, RATES INCREASE AND YOU MUST REGISTER ONLINE OR ON SITE.**

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:

Campus Activities Marketplace (CAMP)

Item Purchased	Fee is For	Cost	Quantity	Total Cost
Primary Booth	Exhibit Space and ONE Full Registration	\$1212	1	
Additional Booth(s)	Additional Exhibit Space(s)	\$900		
Preferences (see CAMP layout on page 18) 1. _____ 2. _____				
Booth Demo Fee (if needed; see page 15 for more info)		\$300	Only 1 Necessary per event	
Attraction Space (must still have exhibit booth)		\$4.00/ square foot	____ ft x ____ ft = ____ sq. ft	

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 \$ \_\_\_\_\_

Company/Firm/Agency Name \_\_\_\_\_

DELEGATE INFORMATION

**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. 25, 2011 \$312	After Jan. 25, 2011 \$362	\$150	\$50

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. 21 @ 6:40–8:15 PM  \$40 .....Total \$ \_\_\_\_\_

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  Tues.....Total \$ \_\_\_\_\_

**Diversity Dinner:** Monday, Feb. 21 @ 6:40–8:15 PM  \$40 .....Total \$ \_\_\_\_\_

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 (from page 1) .....\$ \_\_\_\_\_

Total Showcase Application Fees (from page 1) .....\$ \_\_\_\_\_

Total All Delegates (from all pages) .....\$ \_\_\_\_\_

**TOTAL TO PAY BY:**  CHARGE  CHECK ENCLOSED .....\$ \_\_\_\_\_

**CREDIT CARD INFORMATION**

VISA  MasterCard  American Express

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_