



# NACA Mid Atlantic Festival 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)	Campus Activities Marketplace (CAMP) Fees:				
	Item Purchased	Fee is For	Cost	Quantity	Total Cost
	Booth Preferences <i>(see map on page)</i> 1. _____ 2. _____ 3. _____	Exhibit Space	\$85		
	Booth Demo	See Page 28	\$45	Only 1 Necessary	
	Please describe booth demo (required; demos must be approved):				
	_____				
	_____				
	Please describe attraction in attraction space (required; must be approved):				
	_____				
	_____				

**Note:** Please see insurance requirements for Booth Demos and Marketplace Attractions on Page 28.

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 \$45 = 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.

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

**REGISTRATION FEES**

Full Registration Early Fee	Full Registration Regular Fee	CAMP-Only
Before Feb. 13, 2010 \$100	After Feb. 13, 2010 \$115	\$35

**DELEGATE INFORMATION**

Delegate 1 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone Number at Festival: \_\_\_\_\_

**Passes for Delegate 1**

**Full** (*included with Booth 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** .....\$ \_\_\_\_\_

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: \_\_\_\_\_

**CAMP-Only** Quantity: \_\_\_\_\_ @ \$ 35 per day  Fri  Sat .....Total \$ \_\_\_\_\_  
 (No meals included)

**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 2**

**Full**.....\$ \_\_\_\_\_

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: \_\_\_\_\_

**CAMP-Only** Quantity: \_\_\_\_\_ @ \$ 35 per day  Fri  Sat .....Total \$ \_\_\_\_\_  
(No meals included)

**TOTAL FEES FOR DELEGATE:** .....\$ \_\_\_\_\_

Delegate Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Passes for Delegate 2**

**Full**.....\$ \_\_\_\_\_

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: \_\_\_\_\_

**CAMP-Only** Quantity: \_\_\_\_\_ @ \$ 35 per day  Fri  Sat .....Total \$ \_\_\_\_\_  
(No meals included)

**TOTAL FEES FOR DELEGATE:** .....\$ \_\_\_\_\_

Delegate Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Passes for Delegate 2**

**Full**.....\$ \_\_\_\_\_

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: \_\_\_\_\_

**CAMP-Only** Quantity: \_\_\_\_\_ @ \$ 35 per day  Fri  Sat .....Total \$ \_\_\_\_\_  
(No meals included)

**TOTAL FEES FOR DELEGATE:** .....\$ \_\_\_\_\_

Delegate Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Passes for Delegate 2**

**Full**.....\$ \_\_\_\_\_

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: \_\_\_\_\_

**CAMP-Only** Quantity: \_\_\_\_\_ @ \$ 35 per day  Fri  Sat .....Total \$ \_\_\_\_\_  
(No meals included)

**TOTAL FEES FOR DELEGATE:** .....\$ \_\_\_\_\_