

39th Annual Conference

June 8-10, 2018 Parc 55 Hotel San Francisco, CA

Exhibitor Registration Form

Please fax, mail, or email this form along with the company profile information to: NAJIT 2002 Summit Blvd, Suite 300, Atlanta, GA 30319 Phone: (404) 566-4705 Fax: (404) 566-2301

Email Susan Cruz @ admin@najit.org

Please complete the following profile information t	hat will be loaded into our conference app.
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Company Contact Name:		
Company Contact Title:		
Company Name:		
Street address:		
City State/Province:	Zip code:	Country:
Phone:	E mail:	
Website:		
Company Description:		

Names of booth staff, two staff are permitted per booth (please print carefully):

Products and/or services to be displayed:



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Exhibitors who confirm their commitment between <u>now and February 28th, 2018</u>, will be given priority for exhibit space, which we will confirm prior to <u>April 30th, 2018</u>. **There are only 15 exhibit spaces available**.

Disclaimer:

We understand that NAJIT shall not be required to provide security of any nature whatever during exhibition or non-exhibition hours. We agree to hold NAJIT harmless for and from any loss or damage that may be sustained to any of our exhibit materials or equipment.

Consent to use of photographic images: Registering for this conference constitutes an agreement to NAJIT's use and distribution of images of attendees in photographs and videos.

Exhibitors do not have access to conference sessions or the Annual Luncheon. If you wish to attend these events you **<u>must</u>** register for the conference.

Authorized Signature: _____

_____ Date: _____

NAJIT is committed to making its conference accessible to all. Please indicate your requirements on a separate page if you have need for special accommodation or assistance.

Conference Exhibitor base package:

- S585 (Member Rate)
- \$750 (Non-Member Rate)

Optional services:

- Wireless Internet (\$100/per day) = \$300
- Hard-wired Internet (\$300/per day) = \$900
- Power Strip (\$30/per day) = \$90

Т	otal	for	event:	

Method of Payment:

Check enclosed, or	Charge my:	🗆 Visa	MasterCard	American Express	
Card number:					
Expiration Date:CVV#:					
Name on Card:					
Authorized Signature:				Date:	

*Exhibitor tables are limited to 15. If you register via mail, we will notify you if there is no longer space available.