



41st Annual Conference

West Fort Lauderdale Beach Resort
Fort Lauderdale, FL

Pre-Conference June 5 ~ Main Conference June 6-7, 2020

Exhibitor Registration Form

Please 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

Email Susan Cruz @ hq@najit.org

Please complete the following profile information. The information that you provide will be added to our conference app. Use the [Exhibitor checklist](#) to insure you take advantage of every branding opportunity available to you as an exhibitor. (<https://najit.org/najit2020/exhibitor-and-sponsor-checklist/>)

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 now and April 24th, 2020, will be given priority for exhibit space, which we will confirm prior to May 31st, 2020. **There are only 15 exhibit spaces available.**

Disclaimer:

We understand that NAJIT shall not be required to provide security of any kind whatsoever during exhibition or non-exhibition hours. We agree to hold NAJIT blameless for any loss or damage that may be sustained by any part of our exhibit.

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

Exhibitors do not have access to conference sessions or events. If you wish to attend any of these sessions or events you **must** 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 need a special accommodation or assistance.

Conference Exhibitor base package:

- \$585 (Member Rate)
- \$750 (Non-Member Rate)

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.