

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 @ hg@najit.org

Please complete the following profile information. The information that you provide will be added to our conference app.

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 (please print carefully):			

Products and/or services to be displayed:



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

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.

Confer	rence Exhibitor base	package:					
	\$450 (Member Rate)					
	\$615 (Non-Member Rate)						
Metho	d of Payment:						
□ Chec	k enclosed, or	Charge my:	□ Visa	□ MasterCard	□ American Express		
Card n	umber:						
Expirat	tion Date:			_CVV#:			
Name (on Card:						
Author	rized Signature:				Date:		