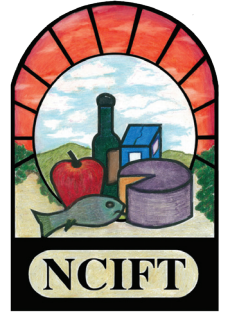


EXHIBITOR REGISTRATION FORM



1. COMPANY INFORMATION

Company Name (to be used in directory) _____
 Street Address _____
 City _____ State _____ Zip _____
 Name of Person Completing Form _____
 Telephone _____ Fax _____
 E-mail (for confirmation of registration) _____

2. EXHIBITOR INFORMATION

Name Badges (Please Print)

Name _____ Title _____ E-mail _____
 Name _____ Title _____ E-mail _____
 Name _____ Title _____ E-mail _____
 Name _____ Title _____ E-mail _____

Company Profile

Please list keywords for products, equipment, and/or services that your company has to offer along with website address. _____

 Website _____
 What companies would you like placed near you? _____

 What companies should NOT be placed near you? _____

- Payment must accompany this form for registration to be complete, or credit card information must be submitted.
- Confirmation of your registration will be sent via e-mail once your registration is processed. **Registration deadline is April 20, 2018. (After the 20th there will be a \$50 late fee.)**
- NCIFT Golf Classic players MUST complete section 3 of this registration form. Also, use this section if you are attending just the dinner.
- Company profile information will be used to place your table. Every effort will be made to accommodate your requests.

3. PLEASE COMPLETE GOLF/DINNER REGISTRATION FORM (on reverse)

4. REGISTRATION FEES

	Cost		Qty	=	Total
Exhibitor Tables	\$300/ea	x	_____	=	\$ _____
Electrical Outlets	\$50/ea	x	_____	=	\$ _____
Symposium and Suppliers' Night Sponsor					
..... Silver:	\$100/ea	x	_____	=	\$ _____
..... Gold:	\$200/ea	x	_____	=	\$ _____
..... Platinum:	\$500/ea	x	_____	=	\$ _____
NCIFT Golf Classic	\$175/player	x	_____	=	\$ _____
..... Platinum Sponsor:	\$250/tee	x	_____	=	\$ _____
..... Gold Sponsor:	\$100/tee	x	_____	=	\$ _____
..... Dinner Only:	\$50/individual	x	_____	=	\$ _____
(Please submit a business card if sponsoring a golf tee. The card will be used as part of sponsor recognition.)					TOTAL ENCLOSED: \$ _____

CREDIT CARDS ACCEPTED. Fax the information below with this registration form, or mail a check payable to NCIFT with registration form to:

Marketing Designs, 850 Old County Road, Belmont, CA 94002
Phone: (650) 802-0888 • Fax: (650) 802-0188 • Email: ncift@marketingdesigns.net

Name on Card _____ American Express Visa Mastercard
 Card Number _____ Expiration _____