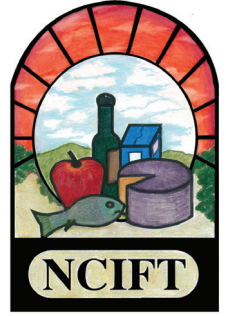


EXHIBITOR REGISTRATION FORM



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 21, 2017. (After the 21st 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 | \$275/ea | x | _____ | = | \$ _____ |
| Electrical Outlets | \$50/ea | x | _____ | = | \$ _____ |
| Symposium and Suppliers' Night Sponsor | \$50/ea | x | _____ | = | \$ _____ |
| Funds will be used to pay for speaker and Suppliers' Night Happy Hour. Sponsors will be recognized at each event. | | | | | |
| NCIFT Golf Classic | \$175/player | x | _____ | = | \$ _____ |
| Platinum Sponsor | \$250/tee | x | _____ | = | \$ _____ |
| Gold Tee 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 _____