2023 Exhibitor Registration Form

September 12th – 14th, 2023





| Company Name | | | Exhibito | or Coordinator | | |
|--|---|---------------------------------------|-----------------------------|------------------------------------|------------------------------------|-----------------------------------|
| Address | | City State Zip | | | | |
| Phone | | Fax | | Email | | |
| | | | | | | |
| | A | В | С | D | E | F |
| Membership Level | No. of Booths Included at this Level | No. of Conference Registrations | Basic Cost of This Level | No. of Additional Booths Needed | No. of Additional Registrations | Total Due Sum of C, D and E |
| Exhibitor | 1 | 1 | \$ 525 | @ \$450 ea | @ \$175 ea | \$ |
| Supporting | 1 | 3 | \$ 2,400 | @ \$450 ea | @ \$175 ea | \$ |
| Sustaining | 2 | 5 | \$ 3,600 | @ \$450 ea | @ \$175 ea | \$ |
| TOTAL DUE NRVMA \$ | | | | | | \$ |
| BOOTH PREFERENCE see page three for layo | | :: | 2 nd | 3 rd 4 th | | |
| | Refunds will be considered on individual basis by written request. Prior to 8/14/23: Full Refund After 8/14/23: No refund | | | | | |
| PAYMENT INFORM | IATION: | | | | | |
| Please i NRVMA | Enclosed. make checks pa . 6232 Bent Bro Icreynolds1@bri | ok Drive, Bess | emer, AL 35022 | | | |
| Please | nt By Credit Card. e-mail this forn Jcreynolds1@bi | | | pay by card | | |

Conference Registration Details

Please list all exhibitor attendees being registered for the 2023 conference.

This list should include both the people registering as part of your exhibitor package, and any additional registrations.

| CONFERENCE CONTACT PERSON DETAILS | |
|-----------------------------------|-------------------|
| | Name: |
| Name: | Phone: Fax: |
| Phone: Fax: | Address: |
| Address: | City: State: Zip: |
| City: State: Zip: | Email: |
| Email: | EIIIdii |
| | |
| Namo | Names |
| Name: | Name: |
| Phone: Fax: | Phone: Fax: |
| Address: | Address: |
| City: State: Zip: | City: State: Zip: |
| Email: | Email:@ |
| | |
| Name: | Name: |
| | Phone: Fax: |
| Phone: Fax: | |
| Address: | Address: |
| City: State: Zip: | City: State: Zip: |
| Email:@ | Email:@ |
| | |
| | |
| Name: | Name: |
| Phone: Fax: | Phone: Fax: |
| Address: | Address: |
| City: State: Zip: | City: State: Zip: |
| Email: | Email: |
| | |
| | |
| Name: | Name: |
| Phone: Fax: | Phone: Fax: |
| Address: | Address: |
| City: State: Zip: | City: State: Zip: |
| Email:@ | Email: |
| | <u>\@</u> _ |

