



2019 EXHIBITOR REGISTRATION FORM

September 17-19, 2019

Galt House Hotel, Louisville, KY

6232 Bent Brook Drive, Bessemer, AL 35022 Phone: 205.491-7574 Fax: 205.491.2725
 Email: jreynoldsnrva@charter.net Web Page: www.nrva.org

Date: _____

Company Name: _____ Exhibitor Coordinator _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Coordinator Email: _____

DESIRED MEMBERSHIP LEVEL:

Membership Level	A No. of Booths Included at this Level	B No. of Conference Registrations	C Basic Cost of This Level	D No. of Additional Booths Needed	E No. of Additional Registrations	F Total Due (Sum of Columns C, D and E)
Exhibitor <input type="checkbox"/>	1	1	\$ 525	_____ @ \$525 ea	_____ @ \$150 ea	\$ _____
Supporting <input type="checkbox"/>	1	3	\$ 2,000	_____ @ \$525 ea	_____ @ \$150 ea	\$ _____
Sustaining <input type="checkbox"/>	2	5	\$ 3,600	_____ @ \$525 ea	_____ @ \$150 ea	\$ _____
TOTAL DUE NRVA						\$ _____

REGISTER YOUR CONFERENCE ATTENDEES (if different than above):

Name: _____ Phone: _____ Fax: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Name: _____ Phone: _____ Fax: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____
Name: _____ Phone: _____ Fax: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Name: _____ Phone: _____ Fax: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Refunds will be considered on individual basis by written request.
Prior to 8/16/19 Full After 8/16/19 No refund

BOOTH PREFERENCES: 1st: _____ 2nd: _____ 3rd: _____ 4th: _____

PAYMENT INFORMATION: (please check ONE)

VISA # _____ Expires (mm/yy): _____ CC# _____

MasterCard # _____ Expires (mm/yy): _____ CC# _____

Check is Enclosed