

# 2019 NATA ANNUAL CONVENTION EXHIBITOR REGISTRATION FORM

February 18-20, 2019 - The Cornhusker Hotel, Lincoln, NE

## CONTACT INFORMATION

Name (as you want it to appear on your badge): \_\_\_\_\_  
COMPANY: \_\_\_\_\_ SPOUSE (if applicable): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
Name(s) of other(s) who will attend and name for badge: \_\_\_\_\_

## EXHIBIT BOOTHS

	COST <i>Before January 1</i>	COST <i>After January 1</i>	QUANTITY	TOTAL
_____ Exhibit Booth <i>(Includes one allied membership dues)</i>	\$375	\$400	_____	\$ _____
_____ Exhibit Booth Electricity	\$35	\$35/per day	_____	\$ _____

## ADDITIONAL EXHIBITOR ITEMS

_____ Additional Allied Memberships	\$60	\$60/per person	_____	\$ _____
_____ Meal Package <i>(Includes two luncheons)</i>	\$66	\$66/per person	_____	\$ _____

## SPONSORSHIPS

_____ Diamond Sponsorship	\$5,000	_____	\$ _____
_____ Platinum Sponsorship	\$2,500	_____	\$ _____
_____ Gold Sponsorship	\$1,000	_____	\$ _____
_____ Silver Sponsorship	\$500	_____	\$ _____
_____ Bronze Sponsorship	\$400	_____	\$ _____

TOTAL \$ \_\_\_\_\_

## EXHIBIT BOOTH INFORMATION

Please refer to the Exhibitor Registration Information & layout to complete the following.

Exhibit location preferred: 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_  
*(Please indicate, by number, the location of your choice.)*

Please check the items you need for your display:  Extra Chairs *(Two are included with the booth)*

Please list any exhibitor(s) you do not wish to be located by: \_\_\_\_\_

## SPONSORSHIP

Please provide a JPG or PDF copy to NATA of your company logo.

\_\_\_\_\_ Yes, I wish to sponsor an event during the convention. **List event to sponsor:** \_\_\_\_\_

\_\_\_\_\_ Yes, I will donate an auction item - **Item Description:** \_\_\_\_\_

## PAYMENT OPTIONS:

**\*\*40% of your dues are not tax deductible due to lobbyist expenses**

<b>Payment Method</b>	<input type="checkbox"/> Visa*	<input type="checkbox"/> Mastercard*	<input type="checkbox"/> Check <i>(Payable to NATA)</i>	<input type="checkbox"/> Invoice
<small>* 4% processing fee when paying with credit card</small>				
Name as it appears on credit card	_____			
Account #	_____	Exp. Date:	____/____	
Signature	_____			CVV: _____

**On-site registration is provided, but only credit card or check payments will be accepted before entry is allowed into the event.**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

I understand that NATA has no obligation to refund all or part of the exhibit fee. I have read the enclosed Exhibitor Agreement and comply with its terms. Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete, sign, and date this form and return to:**

NATA, 521 First Street, Milford, NE 68405 | Phone: 402-761-2216 Fax: 402-761-2224 | Email: taylor@youraam.com