



North American Gamebird Association Exhibitor - CONTRACT 2017

Please type or print all information on this form.

Company Name: _____

(Print your company's name as you would like it to appear on your booth sign)

Contact person: _____

Street Address: _____

City: State: Zip: _____

Phone: Fax: _____

Email (required): _____

Name(s) of Associate(s) / Registrant(s) working your booth. (Name badges will be generated from the list below)

1. _____
2. _____
3. _____
4. _____
5. _____

(If additional space is required, please attach a page with names and business affiliation)

Booth spaces will be contracted on a first-come, first-served basis. You will be advised of your booth draft position after your registration and booth payments have been received.

If possible, please place me NEAR this exhibitor(s): _____

If possible, please place me AWAY from this exhibitor(s): _____

Authorized signature of Exhibitor

Date

EXHIBITOR'S PAYMENT FORM

Please complete the following information. Refer to your booth rate chart on the brochure to acquire rate information. Follow the registration fees chart to determine if you must pay for additional associates working in your booth.

Booth Fee for Exhibit Booth Rate Chart	\$ _____
Additional Associates/Registrants @ \$250	\$ _____
Awards Banquet Tickets @ \$70 per ticket	\$ _____
Convention Sponsorship \$1000	\$ _____
Meal Sponsorship \$2,000	\$ _____
Total Due	\$ _____

All associates must be registered for this convention to take advantage of the educational sessions!

PAYMENT OPTIONS

Please make all checks payable to NAGA Exhibits. All payments must be in U.S. funds. One check may be written for booth fees and registration fees. All payments must accompany this form. *MasterCard and Visa accepted.* Return all payments/forms to:

NAGA Accounting

5195 Hampsted Village Center, PMB 242
New Albany, OH 43054-8331

Credit Card Number: _____

Exp. MM/YY: _____

Name on Credit Card: _____

CVV Code: _____