



EXHIBITOR REGISTRATION FORM

Fax to (505) 266-3461, email to NMCADV@KessJones.com

or mail to Kesselman-Jones, Inc. (Message Matters) PO Box 30182, Albuquerque, NM 87190

ORGANIZATION INFORMATION Please list as you would like to appear in conference materials.

Organization Name	
Address	
City, State, Zip	
Website	

OFFICIAL CONTACT PERSON This person is considered the official contact of the participating organization to receive all information regarding confirmation of events and activities.

Name	
Title	
Phone	
Email	

ORGANIZATION DESCRIPTION Please provide a two or three sentence description of your organization (NOT booth) for use in marketing materials.

BOOTH WORKERS Please provide names of the two representatives who will be at your booth. This information will be used for name badges. Badges will be placed at exhibit booth prior to your arrival. Booth workers are not eligible to attend the conference programming unless they register as a conference attendee. Meals are not included in the booth fee, but you may dine with attendees for an additional fee.

Name		Title	
Name		Title	

DOOR PRIZES If you would like to donate any items to be used as door prizes or raffle prizes, please describe the item(s) and quantity donating.

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EXHIBIT BOOTH

- For Profit \$100
- Non Profit \$50

ELECTRICITY

- Yes, I will need electricity. \$25 additional fee
- No, I will not need electricity.

INTERNET

- Yes, I will need internet. \$25/day additional fee.
- No, I will not need internet.

PAYMENT INFORMATION

- Booth Fee \$ _____
- Electricity Fee \$ _____
- Internet Fee \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT METHOD

- Check enclosed (payable to Kesselman-Jones, Inc., Tax ID 85-0409965)
- Credit Card: Visa MasterCard American Express
- Card Number: _____ Expiration Date: _____
- Name on Card: _____ Billing Zip Code: _____
- Card Holder's Signature: _____

- I have read and agree to the parameters outlined in the Exhibitor Terms and Conditions.

(Contact Person's Signature)

(Date)