

## Exhibit Registration Form

### EXHIBIT FORM

Please fax form to  
703-425-6333

By March 15, 2013

**Main Contact:**

**Organization:**

**Phone #:**  **E-mail:**

**Fax #:**

### Exhibitor Level:

**Supporter**

**NCRC Collaborating Partner**

**Non-profit Organization**

For questions or information, contact [Linda Kelsey](#), International MeetingWorks, LLC  
by e-mail or phone at 703-548-6137.

### On-Site Exhibit Staff

All persons staffing the exhibit must register for the conference.

**Name:**

**Name:**

### Exhibit Description

Please give a basic description of your exhibit including, height, length and depth. **Only 6' tables will be available.**

Does your exhibit require an electrical outlet? Yes No

### Audio-Visual Rental Equipment

#### Check items you would like to rent:

TV monitor for VHS or DVD

TV stand

Extension cords:

Yes

No

Laptop computer

Internet connection

How many?

Additional requests?

Will you require an AV tech to help with your set-up? Yes No

### Credit Card Information – For Audio-Visual Rental Only

*I understand audio-visual rental equipment charges will be billed to my credit card.*

**CREDIT CARD PAYMENT:**

**AMEX**

**Visa**

**Master Card**

**Card Number:**

**Expiration Date:**

**Signature:**  
(Required)

**Print Card  
Holder's Name:**