



EXHIBITOR COMMITMENT FORM

Please complete the following form and return with your remittance.

Name: _____

Firm: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

(800): _____ E-Mail: _____

Website _____

PAYMENT OPTIONS

Member Firm \$5,500 USD Non-member Firm \$6,200 USD

If paying by Check: Make Checks Payable to: NSCP
Remit payment to: NSCP :: 22 Kent Road :: Cornwall Bridge, CT 06754

If paying by Credit Card: MasterCard Visa American Express***

_____	(_____)	_____	_____	_____	_____
Account Number	VCODE**	Mo. Yr. <small>Expiration Date</small>	Amount USD	Date	Billing Zip Code

Cardholder's Signature

Print Cardholder's Name

Please include your 3 VCODE from the back of your Visa or MasterCard or 4 digit VCODE from the front of your American Express credit card. It is now required for credit card charges.*

Marketing contact person for workbook ad and emailing of attendee labels

(list will only be sent in email format and the list will not include the attendees email addresses).

Name: _____ Phone: _____

Fax: _____ E-Mail: _____

Please note that a Certificate of Liability Insurance must be submitted.

Exhibitors are entitled to either: 1 table person + 1 attendee OR 2 table people (one table person can also be the attendee)

Name of primary account person: _____ Email: _____

*(This person will receive the scanned names with email addresses that the table person scanned at the National Meeting)
Selection as an exhibitor does not in any way represent an endorsement by NSCP of the exhibitors' products or services.*

If you have any questions, please contact Eric Cieplik at 860-672-0843 or send an e-mail to eric@nscp.org.
Mail to: NSCP, 22 Kent Rd., Cornwall Bridge, CT 06754 or Fax to 860-672-3005