



# 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 \$5,000 USD     Non-member Firm \$5,700 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.<br><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](mailto:eric@nscp.org).  
Mail to: NSCP, 22 Kent Rd., Cornwall Bridge, CT 06754 or Fax to 860-672-3005