

I would like to advertise in the NSCP Vendor Directory

Name of the Partner/Director and two other persons authorized to act on your firm's behalf in this matter. This authorizing director's signature attests to this commitment to one year advertising in the NSCP Vendor Directory.

Name: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Signature: _____

Directory Listing:

Directory Listing with hyperlink to your homepage:

- Member Firm: with 25-word firm description each additional category \$200 (one category included) _____
\$25 each _____
- Non-Member Firm: with 25-word firm description each additional category \$500 (one category included) _____
\$50 each _____
- Additional 25 words (max. total = 50 words): \$50 _____

Banner Ad: (linking to your homepage)

- Member Firm: with 25-word firm description each additional category \$200 (one category included) _____
\$25 each _____
- Non-Member Firm: with 25-word firm description each additional category \$500 (one category included) _____
\$50 each _____
- Additional 25 words (max. total = 50 words): \$50 _____

Total: _____

Circle up to four category types:

								
Audits	Continuing Education	Consulting	Insurance	Legal	News	Registration Services	Software	Written Procedures

Please fill out the following for your Directory Listing:

Firm Name: _____

Firm Website: _____

URL of banner ad: _____

Firm Description* _____

* Please note: If description is not provided, an extra charge of \$50 will be applied. NSCP retains the right to edit firm description down to 50 words if provided description exceeds the 50 word maximum.

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. Amount USD Date Billing Zip Code
Expiration Date

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.*

Please include your payment with this Vendor Directory Commitment Form
and mail or fax (with credit card information) to:

NSCP, 22 Kent Road, Cornwall Bridge, CT 06754

Phone: (860) 672-0843, FAX: (860) 672-3005