

**RESOURCE TABLE**

Space Request Form

Milwaukee, WI – March 19-22, 2014

**nceca***Please read the enclosed details before completing this form.*

Your payment and request for space indicates you have read and will comply with all rules and regulations stated within.

**Tables will be assigned on a “first come-first served” basis.**Please complete all information and send with full payment or a **50%** deposit;  
must respond **by December 17, 2013** to be included in the print Conference Program Guide.**Organization Identification (As you would like it to appear on signage, conference materials, and publications)**

Organization \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Primary Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact E-mail \_\_\_\_\_

\_\_\_\_\_ Exhibited before at NCECA \_\_\_\_\_ First-time Exhibitor

Preferred Table Location 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_

8) \_\_\_\_\_ 9) \_\_\_\_\_ 10) \_\_\_\_\_

Organization/s which you request to be near: \_\_\_\_\_

Organization/s from which you request separation: \_\_\_\_\_

Please list your programs or services offered so that we can better determine how to separate competitors:

2014 Fees	Member (20% disc)	Non-Member	COST
Resource Table	\$420.00	\$735.00	

**TOTAL \$ \_\_\_\_\_ minus 50% Deposit \$ \_\_\_\_\_ equals Balance Due \$ \_\_\_\_\_ by January 21, 2014**Make check payable to **NCECA** in U.S. funds. Company Check                      Credit Card:

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Cardholder Name \_\_\_\_\_

(Printing the cardholder's name acts as an authorizing signature to process payment/s)

Billing Address of Credit Card \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**SEE NEXT PAGE FOR BOOTH REPRESENTATIVE INFORMATION**

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Please repeat Organization Name \_\_\_\_\_

***Representative Registration forms are due BY February 24, 2014******Membership not included with Representative conference pass....please notify your reps!*****Representatives (Resource Table includes 2 conference passes.)**

\_\_\_\_\_

**Additional Representatives** - (2 per table @ \$100.00 each - Charges to be applied when Additional representatives are registered)

\_\_\_\_\_

**Representative Registration Form required for EACH Representative.****Do NOT register reps online; this will create duplicate registrations and charges.**

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Please return by email, fax, or USPS to: [kate@nceca.net](mailto:kate@nceca.net) Fax: 303 828-0911

NCECA Resource Hall Coordinator • Kate Vorhaus •  
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Phone: 303 828-2811 Toll free: 866-266-2322