

# 2021 EXHIBITOR PERSONNEL REGISTRATION

OCT 10-13, 2021 • KANSAS CITY, MISSOURI

## EXHIBITOR INFORMATION

COMPANY (AS YOU WANT IT TO APPEAR ON BADGE)

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

FAX

- Please complete a section on the back if company information is different from above.
- Exhibitor personnel registration includes badge, registration material and admittance to all events in the Expo Hall and educational sessions.
- Exhibitor packets will be available onsite at registration.
- All badges will display company name and location listed above.
- If your company information (Name/City/State) is different from above, please provide your information on the back of this form.

	Full Name for Badge and Your Cell Phone Number for Emergencies	My country of citizenship requires GDPR compliance.	Facilities Usage Fee**	Exhibitor Personnel* 4 comp per 10 x 10	Additional Exhibitor Personnel* \$299 per person	Exhibitor Closing Night Event Ticket	TOTAL
1				\$250			\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
8							\$
							\$

\*\* Applicable only if you are not staying at the conference hotels, Kansas City Marriott Downtown and the Loews Kansas City Hotel. Excludes Kansas City, MO residents.

## PAYMENT

- Company check enclosed
- Please charge my credit card
  - Payment authorization form **ON BACK**.
  - Payment authorization form must be signed for processing.

## 3 CONVENIENT WAYS TO REGISTER:

- 1. Charge by Fax:** 410-740-5574
- 2. Online:** Visit [www.nacm.org](http://www.nacm.org).
- 3. By Mail:** Send check with completed registration form to:  
2021 Exhibitor Registration  
NACM, 8840 Columbia 100 Parkway, Columbia, MD 21045-2158



## EXHIBITOR PERSONNEL

(Please provide only if address is different from the front)

NAME

COMPANY

ADDRESS

CITY STATE ZIP

YOUR CELL PHONE # FOR EMERGENCIES WORK PHONE

EMAIL

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## CREDIT CARD PAYMENT

Total fee \$ \_\_\_\_\_ to be charged.

MasterCard  Visa  American Express  Diners Club  Discover

CARD NUMBER EXPIRATION DATE CID#

PRINT NAME (AS IT APPEARS ON CARD)

CARDHOLDER'S SIGNATURE (REQUIRED FOR PROCESSING)

ADDRESS

CITY STATE ZIP

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