

The National Association of Blacks in Criminal Justice
45th Annual Conference and Training Institute
ROYAL SONESTA HOUSTON GALLERIA
July 15 – 19, 2018
Vendor/Exhibitor Registration Form



Each registration includes entrance to all functions including the luncheon. Booths are assigned in the order they are received.

EXHIBIT HOURS

| | | | |
|--------------------|-------------------------|---|--|
| Sunday, July 15 | Set-up: 9 am – 12:00 pm | 1:00 pm – 5:00 pm | Reception: 4:00 pm – 5:00 pm (In Vendor Area) |
| Monday, July 16 | | 10:15 am-6:00 pm | All Coffee Breaks (In Vendor Area) |
| Tuesday, July 17 | | 10:00 am – 12:15 pm 2:30 pm -6:00 pm | All Coffee Breaks (In Vendor Area) |
| Wednesday, July 18 | | 8:00 am-12:00 pm | Breakdown after 12:00 pm |

COMPANY INFORMATION: *(Please print or Type)*

| | | | |
|---|----------------------|--|-----------------------|
| Company name: | | | |
| Street address: | | City: | State: Zip Code: |
| Office Phone: () | Cell Phone: () | Email Address: | Website: |
| Contact Person: | | Briefly describe the nature of your company: | |
| Company representatives at conference: (Please print clearly or type names exactly as name badges should be prepared. Additional representatives may register at an additional cost of \$150.00 each.) | | | |
| 1. Name: | Phone: () | Email Address: | |
| 2. Name: | Phone: () | Email Address: | |
| 3. Name: | Phone: () | Email Address: | |

PRICING

| | **Exhibit Space** | Qty. | \$ |
|--|-------------------|------|----|
| Exhibit Booth | \$300.00 | | |
| State, Federal, Local Agency Recruitment | \$100.00 | | |
| Corporate: | \$400.00 | | |

Total Payable to NABCJ \$

PAYMENT OPTIONS

NABCJ would appreciate payment in full. If that is not possible, a deposit, minimum 50 % is required with your order with full payment of balance due no later than **May 1, 2018**. Please return a copy of this form with your payment and remit to: NABCJ, P.O. Box 20011-C Durham, NC 27707 or Fax: 919-683-1903. For additional information, contact the National office at 919-683-1801.

Requests for refunds must be received by June 1, 2018, and there is a \$100 assessment fee on all refunds. No Refunds will be issued after this date. On-line payments assessed 3% processing fee.

| | | | | | |
|------------------|-------------------------------|-----------------------------|-------------------------------|-----------------------------------|---|
| Credit Card | <input type="checkbox"/> Visa | <input type="checkbox"/> MC | <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover | Check payable to NABCJ (\$35 Return check fee) |
| Name on Card: | | | | Billing Address | |
| Billing Phone #: | Credit Card #: | | Exp. Date: | CVC | |
| Email Address: | | | | Amount: | \$ |
| Signature | | | | | |