



EXHIBITOR APPLICATION FORM
45th Natural Areas Conference
Bloomington, IN October 23-25, 2018

Point of Contact: _____

Company/Organization: _____

Address: _____

City/State: _____ Zip/Postal Code: _____

Telephone: _____ Email: _____

Today's Date _____

Exhibitors

Space is limited and on a first-come first-serve basis. **To reserve your space, please contact Lisa Smith** via email at lsmith@naturalareas.org or phone: 724-995-8466. Once Lisa has confirmed your space, please submit this form with payment to her at the Natural Areas Association.

Exhibit spaces at the 2017 Natural Areas Conference are 8 x 8 feet and include a 6' x 30" table with cover and skirt and 2 chairs. Exhibit fee does not include conference registration, nor does it cover refreshments, admission to the awards dinner, lodging, meals, field workshops, shipping, storage or handling. Attendees can register online at <http://naturalareas.org>. Wireless internet is complimentary, but electricity requires an additional fee.

Exhibit Spaces will be assigned based on order of application and as space permits; we will make every attempt to satisfy special requirements. Please specify any special requirements (e.g., electricity, over-sized display).

Exhibition Category (check one):

_____ **Corporate \$1,000** _____ **Agency/Non-profit 501(c)(3) organization \$500**

Will contact person above be on-site? If not, please provide the name and email address of the person(s) who will be staffing your exhibit:

Name: _____ Email: _____

Name: _____ Email: _____

Please print agency/company's name **exactly** as you wish it to appear on signs and printed materials: _____

Exhibitor's Payment Instructions

Please send both pages of this form (mail/email) with payment to:

Natural Areas Association
P.O. Box 594
Ligonier, PA 15658
info@naturalareas.org
724-995-8466

Payment Method

____ A check in the amount of \$ _____ is enclosed.

Make checks payable to the **Natural Areas Association** (memo: 'NAC Exhibit')

____ Please charge my credit card in the amount of \$ _____ **Visa MasterCard**
American Express

(A receipt will be emailed to you at the address below.)

Credit Card Payments. All fields are required. Please print clearly.

Name on Card (print/type)

Company/Organization Name

Billing Address

_____/_____/_____/_____
Credit Card Number

_____/_____
Expiration Date (MM/YY) 3-4 digit CSV code

Email address

Area code + phone Number

Cardholder Signature

Date

Thank you so much for being an exhibitor at the Natural Areas Conference!
You are helping us make this event a rich and rewarding one for our attendees.

We invite you to become a regular exhibitor at our yearly conference. Stay in touch!