

Exhibit Application and Contract

Exhibitor Move-in: Monday, April 27 9:00 a.m.- 5:00 p.m.
 Exhibitor Meeting: Monday, April 27 5:00 p.m.- 5:30 p.m.
 Preview Show/Reception: Monday, April 27 7:00 p.m.- 8:30 p.m.
 Trade Show: Tuesday, April 28 9:00 a.m.- 3:00 p.m.
 Move-out: Tuesday, April 28 3:00 p.m.- 7:00 p.m.

Company Name: _____

Exhibit Manager/Show Contact: _____

Address: _____

City/State/ZIP: _____

Phone/Fax: _____

E-mail/Web Site: _____

1. Which of the following best describes your company? (Choose only one.)

- Manufacturer Distributor Wholesaler
 Other _____

2. Which of the following best describes your top product categories?

- Store Systems Software Hardware Supplies
 Other: _____

3. Is your company a NACS Associate or CCRA Corporate Member?

- Yes No

4. How many 10x10 booths would you like to reserve? _____.

5. 1st Choice Booth # _____ 2nd Choice Booth # _____
 3rd Choice Booth # _____

6. Are you requesting an island configuration? Yes No

What are the dimensions of the island you are requesting? _____ x _____

7. Will you use an exhibitor-appointed contractor to set up your booth?

- Yes No

Up to Jan. 7, 2009	Early Member Rate	Early Non-member Rate
10x10	\$1,500 <input type="checkbox"/>	\$2,000 <input type="checkbox"/>
10x20	\$3,000 <input type="checkbox"/>	\$4,000 <input type="checkbox"/>
10x30	\$4,500 <input type="checkbox"/>	\$6,000 <input type="checkbox"/>
20x20	\$6,000 <input type="checkbox"/>	\$8,000 <input type="checkbox"/>
20x30	\$9,000 <input type="checkbox"/>	\$12,000 <input type="checkbox"/>
20x40	\$12,000 <input type="checkbox"/>	\$16,000 <input type="checkbox"/>

After Jan. 7, 2009	Late Member Rate	Late Non-member Rate
10x10	\$1,550 <input type="checkbox"/>	\$2,050 <input type="checkbox"/>
10x20	\$3,100 <input type="checkbox"/>	\$4,100 <input type="checkbox"/>
10x30	\$4,650 <input type="checkbox"/>	\$6,150 <input type="checkbox"/>
20x20	\$6,200 <input type="checkbox"/>	\$8,200 <input type="checkbox"/>
20x30	\$9,300 <input type="checkbox"/>	\$12,300 <input type="checkbox"/>
20x40	\$12,400 <input type="checkbox"/>	\$16,400 <input type="checkbox"/>

Payment Information

Total Exhibit Fees:

Check Enclosed (Make payable to: NACS-CCRA. Payable in U.S. dollars only—use an international money order to facilitate payment, if necessary.)

Charge to my: American Express MasterCard VISA
 (Credit card must be valid through the dates of this event.)

Account Number: _____

Expiration Date: _____

3-4 Digit Verification Code: _____

Cardholder Name: _____

Billing Address: _____

City/State/ZIP _____

Cardholder Signature: _____

I hereby agree to the conditions listed on this application/contract for exhibit space as well as those listed in the exhibitor prospectus and in accordance with NACS Show Management policies and procedures.

Signature: _____ Date: _____

Accepted by: _____ Date: _____

NACS Exposition Department

Exhibit applications may be submitted:

Online: www.ccra.org

Fax: (440) 775-1920

Mail: NACS Expositions Department, 500 E. Lorain St., Oberlin, OH 44074

A copy of this form will be returned to you with booth assignment and authorized signature.

For Expositions Dept. Use Only

Member ID#: _____
 # of Points: _____
 Date Received: _____
 Amount Received: _____
 Type of Payment: _____
 Booth #: _____



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