

2009 CCRA Conference & Expo

Exhibitor Registration Form

Renaissance Austin Hotel | Austin, TX

Monday, April 27-Wednesday, April 29

Conference: Monday, April 27-Wednesday, April 29
 Preview Event: Monday, April 27 7 a.m. - 8:30 p.m.
 Trade Show: Tuesday, April 28 9 a.m. - 3 p.m.

How to register for CCRA 2009:

Online: www.ccra.org/2009/register.asp
 Fax: (440) 775-1920
 Mail: NACS Registrar, 500 E. Lorain St., Oberlin, OH 44074

I understand that by registering for CCRA, I am responsible for the entire cost of my registration, subject to the cancellation policy outlined on this form. I am also granting consent for use of any photos taken by and for use by NACS.

Please print name as you wish it to appear on badge. No more than 30 characters per line. This form may be photocopied for additional attendee registrations.

Contact Information for Contracting Company:

First Name: _____ Last Name: _____
 Company Name: _____
 Address: _____

 City/State/ZIP: _____
 Phone: _____ Fax: _____
 E-mail: _____

Registration Fees & Packages

Included with each 100 sq. ft. purchase (the equivalent of one 10x10 booth), contracting company receives the choice of either 1 Full Registration OR 4 Exhibit-Only Registrations.

1st 100 sq. ft.

Full Registration

Special dietary needs* Do not include in mailing lists

Name: _____
 Company Name: _____
(if other than contracting company.)
 Emergency Contact: _____ Phone: _____

OR

4 Exhibit-Only Registrations

Special dietary needs* Do not include in mailing lists

Name: _____
 Company Name: _____
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Name: _____
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 Emergency Contact: _____ Phone: _____

2nd 100 sq. ft.

Full Registration

Special dietary needs* Do not include in mailing lists

Name: _____
 Company Name: _____
(if other than contracting company.)
 Emergency Contact: _____ Phone: _____

OR

4 Exhibit-Only Registrations

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 Company Name: _____
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 Company Name: _____
(if other than contracting company.)
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For booths larger than 200 sq. ft., please continue registrations on a separate sheet.
 *Please attach a written description of special accommodations or dietary needs.

Exhibitor Registration Form

Additional Registrations: (Please list name, company name and emergency contact information on separate sheet):

	Member	Nonmember
Full Registration	_____ x \$425	_____ x \$525
Exhibit Only	_____ x \$ 75	_____ x \$100

Additional Registration Subtotal \$ _____

Additional Tickets

	Qty	Fee
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Breakfast

Monday, April 27	_____ x	\$25
Tuesday, April 28	_____ x	\$25
Wednesday, April 29	_____ x	\$25

Lunch

Monday, April 27	_____ x	\$35
Tuesday, April 28	_____ x	\$35
Wednesday, April 29	_____ x	\$35

Closing Event _____ x \$50

ADDITIONAL TICKETS SUBTOTAL \$ _____

Additional Registration Fees \$ _____

Additional Tickets Fees \$ _____

TOTAL DUE \$ _____

Payment Information

Total Exhibit Fees: \$ _____

Check Enclosed (Make payable to: NACS-CCRA 2009. Payable in U.S. dollars only.)

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 (please print): _____

Billing Address: _____

City/State/ZIP: _____

Cardholder Signature: _____

Registration and Cancellation Information:

All cancellations must be made in writing. Telephone cancellations are considered acts of courtesy, but no refunds will be made on the basis of a call.

Cancellations received on or before April 15, 2009, shall receive a 100% refund.

Cancellations received April 16-26, 2009, shall receive a 50% refund.

In the event that no written cancellation is received or if written cancellation is received after April 26, 2008, registrant shall receive no refund.

You must be a member of NACS and/or CCRA to register at the member rate.

No one under 18 years old is permitted on the trade show floor.