



Trade Show Space Contract
 Wednesday, October 23 ~ 5:30 – 7:00 pm

Company Name: _____
 Address: _____
 City/State/Zip: _____
 Contact: _____ Phone : (____) _____
 e-mail: _____

Exhibit Space Rate: \$300.00

- One 30" x 72" table with electricity
- Two chairs
- Up to two company representatives

This cost entitles your company and employees participation in the trade show and access to students in the trade show hall on October 23 from 5:30 – 7:00 pm.

Exhibit Space Selection

If possible, exhibitor requests that trade show staff avoid assigning table exhibit space near the following companies:

Exhibit Fees Total \$ _____

This form must be completed and returned to the NAF/NSAA office with the appropriate fees **by September 30, 2019**. Space will be assigned on a first-come, first-served, space-available basis. The NAF and/or trade show staff reserve the right to assign space without regard to priority when, in their judgment, such assignment is in the best interest of the trade show.

We, the undersigned, having agreed to the enclosed NAS rules and regulations, hereby incorporated into this agreement by reference, contract for table space and services at the 26th NAS Trade Show at the Embassy Suites, South Jordan, UT, on October 23, 2019.

 Authorized Signature
 Title _____ Date _____

Please sign and return this contract to NAF/NSAA.

Personnel Registration:

Trade Show Only Registration \$ 30.00
*Included in this registration fee is admittance to the trade show and trade show reception. This is for supplier members, who are **not** the two registrants included with the booth, and who will only be attending the trade show and no other events during the school.*

1. Name _____ \$ ___ N/C ___
 Title _____
2. Name _____ \$ ___ N/C ___
 Title _____
3. Name _____ \$ _____
 Title _____
4. Name _____ \$ _____
 Title _____

Additional Personnel Fees Total \$ _____

Grand Total \$ _____

Payment Information:

_____ Check (payable to National Avalanche Foundation)
 _____ Please charge my (circle one) Visa MC AMEX
 Card Number _____ Exp. Date _____
 Name on Card _____
 Signature _____

Mail, fax, or e-mail registration & payment to:
 National Avalanche Foundation
 133 S. Van Gordon Street, Suite 300
 Lakewood, CO 80228
 Fax: (303) 986-2345
 e-mail: jlarson@nsaa.org