



2019 EXHIBITOR REGISTRATION FORM

September 17-19, 2019

Galt House Hotel, Louisville, KY

5616 LYNCHBURG CIRCLE, HUEYTOWN, AL 35023 Phone: 205.491-7574 Fax: 205.491.2725

Email: jreynoldsnrvm@charter.net Web Page: www.nrvma.org

Date: _____

Company Name: _____ Exhibitor Coordinator _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Coordinator Email: _____

DESIRED MEMBERSHIP LEVEL:

| Membership Level | A No. of Booths Included at this Level | B No. of Conference Registrations | C Basic Cost of This Level | D No. of Additional Booths Needed | E No. of Additional Registrations | F Total Due (Sum of Columns C, D and E) |
|-------------------------------------|---|--------------------------------------|-------------------------------|--------------------------------------|--------------------------------------|--|
| Exhibitor <input type="checkbox"/> | 1 | 1 | \$ 525 | _____ @ \$525 ea | _____ @ \$150 ea | \$ _____ |
| Supporting <input type="checkbox"/> | 1 | 3 | \$ 2,000 | _____ @ \$525 ea | _____ @ \$150 ea | \$ _____ |
| Sustaining <input type="checkbox"/> | 2 | 5 | \$ 3,600 | _____ @ \$525 ea | _____ @ \$150 ea | \$ _____ |
| TOTAL DUE NRVMA | | | | | | \$ _____ |

REGISTER YOUR CONFERENCE ATTENDEES (if different than above):

| | |
|--|--|
| Name: _____ Phone: _____ Fax: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ | Name: _____ Phone: _____ Fax: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ |
| Name: _____ Phone: _____ Fax: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ | Name: _____ Phone: _____ Fax: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ |

Refunds will be considered on individual basis by written request.

| | | | |
|-------------------------|-------------|----------------------|------------------|
| Prior to 8/16/19 | Full | After 8/16/19 | No refund |
|-------------------------|-------------|----------------------|------------------|

BOOTH PREFERENCES: 1st: _____ 2nd: _____ 3rd: _____ 4th: _____

PAYMENT INFORMATION: (please check ONE)

VISA # _____ Expires (mm/yy): _____ CC# _____

MasterCard # _____ Expires (mm/yy): _____ CC# _____

Check is Enclosed