

Seeing Beyond

Vision.
 Leadership.
 Action.

30th

Annual Legislative Conference
 November 29 — December 3, 2006
 Jackson Marriott Hotel :: Jackson, Mississippi

2006 Corporate Exhibitor Reservation Form

In accordance with the exhibit regulations governing rental of exhibit space, the undersigned hereby applies for exhibit space at the NBCSL's 30th Annual Legislative Conference in Jackson, MS, November 29—December 3, 2006. We have read and agree to the exhibit regulations. We understand that these regulations are incorporated into the application by reference, and that this application becomes a contract when accepted and confirmed by NBCSL.

PLEASE PRINT OR TYPE. CONTRACT MUST BE RETURNED AND PAYMENT COMPLETED BEFORE SPACE WILL BE ASSIGNED.

Company Name [as you want your tabletop sign printed]

Contact Name

Alternate Contact Name

Address

Address

City / State / Zip Code

City / State / Zip Code

Email

Email

Phone

Fax

Phone

Fax

EXHIBIT DESCRIPTION [Please indicate the number of spaces you will need]

___ Single booth size: 10'x6', Private and Public Sector booths include draped back wall and 3' high side drape
 *ID sign and 6' skirted table included for each space.

EXHIBIT HOURS

Tuesday, November 28	1:00 pm — 6:00 pm	Exhibitor Move-In/Setup
Wednesday, November 29	2:00 pm — 7:00 pm	Exhibit Hours
Thursday, November 30 - Saturday, December 2	10:00 am — 7:00 pm	Exhibit Hours

EXHIBIT SPACE COST

Corporate Exhibits: PRIVATE SECTOR \$1,500 Booth PUBLIC SECTOR \$1,200 Booth

EXHIBIT SPACE PAYMENT

All fees are due within 14 days of space approval or before October 30, 2006. Space assignments will not be made until payment is received.

ATTENTION

To participate in NBCSL conference events, registration and/or additional fees will be required.

ACCEPTANCE OF TERMS

I, the duly authorized Exhibitor Representative, have read the foregoing in its entirety and hereby subscribe and agree to the terms, promises, covenants and conditions in the Corporate Exhibitor Contract.

Total Number of Spaces

Total Amount Due

Signature

Date

Credit Card Number

Expiration Date

Visa

Mastercard

AMEX

Name on Card

Authorized Signature

PLEASE MAKE CHECK PAYABLE TO: NBCSL

MAIL TO: NBCSL— Conference Exhibits
 444 North Capital Street, NW, Suite 622, Washington, DC 20001

FOR MORE INFORMATION CONTACT:

NBCSL Exhibits (888)214-9144
 exhibits@nbcscl.com