



**2018 NACE ANNUAL MEETING /
MANAGEMENT & TECHNICAL CONFERENCE**
WISCONSIN DELLS, WISCONSIN • SHOW DATES: APRIL 23-24
APPLICATION EXHIBITOR/SPONSOR



Company Name: _____ Division: _____

Exhibit Coordinator: _____ Title: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Billing Address (if different from above): _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

SELECT EXHIBIT SPACE(S)

Space is limited. Please refer online to Rules provision #2 for booth assignment process.

• # of exhibit spaces:

10'x10' booth(s) _____ and/or 20'x50' equipment space _____

• Choices for booth preference (see exhibit hall map):

10'x10' Booth 1st: _____ 2nd: _____ 3rd: _____

20'x50' Equip. 1st: _____ 2nd: _____ 3rd: _____

CALCULATE EXHIBIT FEE

• Calculate Basic Fee

10'x10' Fees: [# of booths _____] x \$1,800 = \$ _____

Equipment Exhibit Space package \$7,500

Total basic fees = \$ _____

• Apply Discounts

Early Bird Discount 5% Corporate Member Discount _____%

(Ends Nov 1, 2017) Total discount % = _____%

• Total Discount Amount

[Total basic fees \$ _____] x [discount % . _____] = \$ _____

• Total Exhibit Fees

[Total basic fees \$ _____] - [Total discount \$ _____]
= \$ _____

CONFERENCE SPONSORSHIP

Event/Item to Sponsor _____

VENDOR HOSPITALITY SUITE _____

Available to members and sponsors at the \$1000 level or higher.

NACE will email the condo reservation forms.

PROGRAM AD

= \$ _____

SEND ME INFORMATION ON

___ NACE Corporate Member

EXHIBITOR REPRESENTATIVES

For name badges, indicate city and state if different from information above.

Full Name: _____

Title: _____

E-Mail: _____

Attend Tue night dinner ___

Full Name: _____

Title: _____

E-Mail: _____

Attend Tue night dinner ___

SEND WITH PAYMENT

Minimum of 50% payment to reserve space.

I have read and do agree to abide by the Contract Conditions, Rules and Regulations found at www.naceevents.org.

Exhibitor Coordinator _____ Date _____

___ Check enclosed ___ Bill above ___ Credit Card
payable to NACE

Card #: _____

Exp. Date: _____

Security Code: _____

Name on Card: _____

Address: _____

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