



EVOLVE: Expanding Our Horizons
This Application is due by July 1, 2008

Organization Name:

Organization Contact: (service kit and registration information will be sent to this person)

The following information will be listed in the final Program

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Web Address:** _____

Onsite Contact: (listed in the Final Program)

Onsite Contact Email or General Inquiry Email:

Booth Rates:
Display

One Exhibit Booth.....**\$1,000.00**

Booth Personnel:

With your booth purchase you will receive ONE complimentary Full Conference Registration and unlimited Exhibit Only registrations. Please provide the name and contact information for those individuals below.

**This is NOT a registration. Each booth personnel must register individually.
Registration materials will be sent by July 1, 2008.**

Full Registration Name: _____ Phone: _____

Exhibit Only Name: _____ Phone: _____

Exhibit Only Name: _____ Phone: _____

Use additional sheet for more names and contact numbers.

Booth Description For Final Program:

Please provide a 50-word description of your exhibit for the Final Program no later than August 31, 2008. **This description must be emailed to conference@noma.net.** Due to the strict production schedule, descriptions received after the August 31st deadline may not appear in the Final Program. Descriptions exceeding the 50-word limit may be edited. This description should highlight your booth's purpose at the event, your products of interest to the attendees and/or the announcement of any giveaway items.

Payment Method:

Full payment made by check (made payable in U.S. dollars to **NOMA**) OR a credit card charge (MasterCard, Visa, or American Express) must be received by August 1, 2008. Exhibit space may not be set up or occupied before remittance of the balance due for the space(s) leased. The cancellation policy described in the "Exhibitor Contract & Regulations" will be strictly enforced. Please read the paragraph on "Cancellation" for a review of policy and obligation of exhibiting organizations.

Name on Card: (Print Clearly)

Charge Card Number:

Expiration Date:

Check Number:

Payment Amount:

Signature: _____ **Date:** _____

Cardholder's Email:

Cardholder's Phone Number

Application Agreement:

I have read, understand and agree to the Exhibit Hall Rules and Regulation and all other requirements and conditions outlined in this contract:

Organization:

Signature:

Print Name:

Application will be reviewed and organization will be sent confirmation by September 1, 2008

ATTN: 2008 NOMA Conference
c/o DC NOMA
P.O. Box #77174
Washington, DC 20013-7174
Or registration@noma.net

Online Payments: <http://www.noma.net>