

Exhibitor Registration Form

National Association of Educational Office Professionals

2024 ANNUAL CONFERENCE

July 14-17, 2024 - Little Rock, AR

Exhibitor space is limited each year depending on location and accommodations. Registrations will be processed on a first-received, first-served basis. Exhibitor fee: \$100 for outside vendors and \$50 for members for 3 days. This fee includes 1 table. Each additional table requested beyond the first table will result in an additional fee of \$25 per table.

SHIPMENT OF EXHIBIT MATERIAL: All shipments must be fully prepaid.

Name of Company :

Name of Representative(s) :

Full Address :

E-Mail : Phone :

Outside Vendor - \$100

Member - \$50

Principal product to be displayed: _____

Total number of tables requested: _____

I need to have access to an electrical outlet: Yes No
(Extension cords must be obtained through the hotel/convention center. Cost will be the responsibility of the exhibitor.)

I need to have wall space: Yes No

I will provide a drawing prize: Yes No

Do you wish to remain on our mailing list for future conferences? Yes No

LIABILITY: Neither NAEOP, the conference chairman, the employees thereof, nor the representative, nor any members of the conference committees or conference meetings will be responsible for injury, loss, or damage that may occur to the exhibitor or the employees or employee's property from any cause whatsoever prior to, during, or subsequent to the period covered by the exhibit contract. The exhibitor agrees to indemnify NAEOP against any claims for such loss, damage, or injury. This also includes the period of storage prior to and following the conference. The exhibitor, on signing the contract, expressly releases the foregoing institute, individuals, and committees from any and all claims of loss, damage or injury. Small or easily portable articles of value should be properly secured or removed from the exhibit area following the close of the exhibits and placed in safekeeping.

Signature of Representative _____ Date _____

A non-refundable administrative charge of \$50 will be charged for all cancellations after June 1, 2024.

PAYMENT METHOD:

Check # _____ AMEX MasterCard VISA Discover

Cardholder's Name :

Full Address :

Card Number :

Security Code : Expiration Date :



Please make checks payable to NAEOP and return this completed form and check to:

NAEOP
PO Box 10
Milford, NE 68405

QUESTIONS? Contact the NAEOP Office at 316-942-4822 or staff@naeop.org