

Each exhibiting company receives three (3) Exhibit Hall passes for company representatives to work the booth. Additional staff may register for a fee of \$35/person. Lunch tickets may be purchased at \$40 each. Exhibit staff may upgrade to a "Full Conference Attendee Registration," which includes entrance to sessions, luncheons and the ability to earn CPE for a fee of \$475.

## EXHIBIT STAFF REGISTRATION FORM

NLC 2007 • February 12-13 • Washington, D.C.

**Deadline: January 12, 2007**

COMPANY:

BOOTH#:

### PARTICIPANT INFORMATION - PLEASE PRINT CLEARLY

<b>Exhibit Staff #1 - Full Name:</b>		Nickname for Badge:
Job Title:		
Address:		
Phone:	Fax:	E-mail:
<input type="checkbox"/> Booth Only - <b>FREE</b>	Lunch: <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. (\$40 Ea)	<input type="checkbox"/> Full Registration (\$475)
<b>Exhibit Staff #2 - Full Name:</b>		Nickname for Badge:
Job Title:		
Address:		
Phone:	Fax:	E-mail:
<input type="checkbox"/> Booth Only - <b>FREE</b>	Lunch: <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. (\$40 Ea)	<input type="checkbox"/> Full Registration (\$475)
<b>Exhibit Staff #3 - Full Name:</b>		Nickname for Badge:
Job Title:		
Address:		
Phone:	Fax:	E-mail:
<input type="checkbox"/> Booth Only - <b>FREE</b>	Lunch: <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. (\$40 Ea)	<input type="checkbox"/> Full Registration (\$475)
<b>Exhibit Staff #4 - Full Name:</b>		Nickname for Badge:
Job Title:		
Address:		
Phone:	Fax:	E-mail:
<input type="checkbox"/> Booth Only ( <b>\$35</b> )	Lunch: <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. (\$40 Ea)	<input type="checkbox"/> Full Registration (\$475)
<b>Exhibit Staff #5 - Full Name:</b>		Nickname for Badge:
Job Title:		
Address:		
Phone:	Fax:	E-mail:
<input type="checkbox"/> Booth Only ( <b>\$35</b> )	Lunch: <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. (\$40 Ea)	<input type="checkbox"/> Full Registration (\$475)

**TOTAL AMOUNT DUE FOR ALL COMPANY REPRESENTATIVES: \$ \_\_\_\_\_**

### PAYMENT INFORMATION

<input type="checkbox"/> Check or PO	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	Expiration Date:
Card Number:			Card Holder Name:		
Signature:			Card Holder Phone:		

**PLEASE COMPLETE AND RETURN THIS FORM BY JANUARY 12, 2007.**

**ATTN: RICA MUHAMMAD. FAX: 703.548.9367.**