

# Marketing Agreement

University Receptions

2017 NCFR Annual Conference



## Organization Information

Give your organization name as you want it listed in the conference program booklet. To be included in the conference program booklet, your contract and full payment must be received by Sept. 15, 2017.

Organization name \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail \_\_\_\_\_ Day phone \_\_\_\_\_

Name of primary person staffing your table (*at least one*) \_\_\_\_\_

*The people staffing your table must be registered to attend the conference on Thursday, Nov. 16.*

*Find conference registration information at: <https://www.ncfr.org/ncfr-2017/registration-details>*

## University Receptions — Thursday, Nov. 16, 2017 — 4:45-6:15 p.m.

\_\_\_ Includes draped table, signage, listings, contribution to food and beverage for the event, \$500

## AGREEMENT SUMMARY

### TOTAL for University Receptions

University Receptions \$500

**TOTAL** \$500

## Payment Method/Information

\_\_\_ Check enclosed (payable to NCFR)

\_\_\_ Send me an invoice (PO # if applicable \_\_\_\_\_)

\_\_\_ Credit card – complete fields below or call with credit card information, 888-781-9331

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Card security code \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Signature \_\_\_\_\_

## SUBMISSION

**Complete, sign, and submit this form by email, mail or fax**

NCFR Exhibits and Advertising

661 LaSalle Street, Suite 200

Saint Paul, MN 55114

FAX 763-781-9348

info@ncfr.org

Questions about signup or payment? Call 888-781-9331

**University Representative's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_