



National Drug Enforcement Officer's Association
 40th Annual Conference
 June 20st thru 24th
 Stone Mountain, GA, Marriott Evergreen Resort

EXHIBITOR REGISTRATION FORM

Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ FAX: _____
 Cell: _____ E-mail: _____
 WebSite: _____
 Representative # 1: _____
 Telephone: _____ Cell: _____
 Representative # 2: _____
 Telephone: _____ Cell: _____

PLEASE ATTACH BUSINESS CARD

Exhibit Hall Booth:

6' X 8' Booth, w/1 6' table w/skirt, 2 chairs . \$300.00..... Number required _____
 Additional tables..... \$100.00..... Number required _____
 Exhibitor should deal directly with the hotel for internet and electrical hookup.

Meals - (All meals at hotel cost)

Sunday:	President's Reception	No Charge for 1 st two Rep's. Additional Rep's \$25.00 each
Monday:	NDEOA Breakfast	\$10.00 Per Rep
Tuesday:	No activity planned	
Wednesday:	No activity planned	
Thursday:	Awards Banquet	\$35.00 Per Rep

Event Sponsorships:

Any exhibitor interested in sponsoring all or portions of convention "breaks", meals, or hospitality facilities, please contact the **NDEOA** Secretary at (828) 349-2076. All sponsorship will be prominently recognized in the convention program separately from the exhibitor section, but in proportion to the amount. Signage recognizing the same shall be displayed at the entrance to sponsored events.

Each Exhibitor is requested to provide at least one door prize. Company name will be announced when prize is distributed.

Door Prize _____	MSRP \$ _____	Door Prize _____	MSRP \$ _____
Door Prize _____	MSRP \$ _____	Door Prize _____	MSRP \$ _____

NDEOA FEDERAL TAX ID NUMBER: 61-0963528

Please make check or money order payable to NDEOA and mail to : NDEOA, DEA Office of Training, P.O. Box 1475, Quantico, VA 22134-1475

NDEOA Use only: Received _____ Receipt# _____ Booth# _____
