



June 9-12, 2010
 Crowne Plaza Riverfront Hotel
 St Paul, MN

Exhibitor/Tote Stuffer/Advertiser Registration Please print or type name as it should appear on name badge and exhibitor listing.

NAME:	
TITLE:	COMPANY:
ADDRESS:	CITY, STATE, ZIP:
PHONE:	EMAIL:
FAX:	Do you require special meals? <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan
EMERG. CONTACT:	EMERG. CONTACT PHONE:

EXHIBITION SPACE Registration and Payment must be received by 5/28/10.	Includes conference registration (and meals) for one person. To include one other person at your table, see below (limit one). Table space: One 6' Table with 2 Chairs.		
	<i>NFCB Members</i>	<i>Non-Members</i>	<i>Subtotal</i>
6' Table – 8' x 8' Exhibit Space	\$650	\$700	\$
Freestanding display with 6' Table – 8' x 10' Exhibit Space	\$750	\$800	\$

ADDITIONAL REGISTRANTS (limit one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	NFCB Members or Non-Members \$225	\$
Name	Title		
Does he/she require special meals?	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	

Electricity, Phone, Internet Connections – Additional charges will apply and will be billed by the hotel		
Do you need electricity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Do you need a phone connection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need an internet connection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TOTE STUFFING Registration and Payment must be received by 5/28/10.	\$125 per item	\$
Item Description		
All items must be received at the Crowne Plaza Hotel by June 4. Items that are not delivered by that date will not be included in the tote bag. They will be returned to you at the conference and will not be shipped back if you are not attending. No refunds will be issued for tote items arriving late. Please do not send items to Hamilton Associates. You will receive information on quantities and shipping instructions in April.		

PROGRAM BOOK ADVERTISEMENTS (additional \$100 charge for layout or design – for COLOR, add \$75)		
<input type="checkbox"/> Full page (7.4" wide x 10.0" high)	\$350	\$
<input type="checkbox"/> Half page (7.4" wide x 4.5" high)	\$225	\$
<input type="checkbox"/> Quarter page (3.5" wide x 4.5" high)	\$150	\$
<input type="checkbox"/> Business Card	\$100	\$
<input type="checkbox"/> Back Cover	\$600	\$
<input type="checkbox"/> Inside Back Cover	\$500	\$

Ad copy must be received at the NFCB office by 5:00 PM Pacific Time April 16, 2010. Address: 1970 Broadway, Suite 1000, Oakland, CA, 94612, martina@nfc.org. For information on file formats, contact: janthyer@hotmail.com. Please do not send ads to Hamilton Associates.

TOTAL DUE	\$	
<input type="checkbox"/> Check enclosed payable to Hamilton Associates in USD (\$) (Fed Tax ID # 26-3109681)	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX	
Number:	Exp. Date:	
Billing Address:	City:	State & Zip:
Cardholder Name:	Signature:	

CANCELLATION POLICY: A \$50 cancellation fee will be charged if cancellation is received by April 30, 2010. A 50% cancellation fee will be charged if cancellation is received between May 1- 28, 2010. No refunds will be made after May 28, 2010. All cancellations must be received by **Hamilton Associates** (petellh@gmail.com) **in writing**. All refunds will be processed after the conclusion of the conference.

For online registration and conference details, please visit the NFCB website at www.nfc.org.
 Please return this form, no later than May 28, along with payment to: Hamilton Associates, 90 Laschinger Blvd, New Hamburg, Ont. Canada N3A 2G7, please contact us at (519) 662-2550, fax: (519) 622-2739 or email: petellh@gmail.com. All checks must be made out to Hamilton Associates in USD (\$) (Federal Tax ID # 26-3109681). Pursuant to the Americans with Disabilities Act, if you require specific aids or services, please indicate on the back of this form.