



COMPANY AND CONTACT INFORMATION:

Exhibitor Company Name: _____

Company Description: (40 words or less, as you want it to appear in Event Program, attach typed page or email to naibd@naibd.com if desired):

Company Website: _____

Main Contact Name: _____

Telephone No.: _____ Fax No.: _____

Email: _____

Mailing Address: _____

PAYMENT INFORMATION:

IAM Dues: \$ _____

Booth Fees: \$ _____

Sponsorships (Please specify): _____

Payment Method:

Online (www.naibd.com/payonline.htm): Check (16835 W. Bernardo Dr., #203, San Diego, CA):

*PLEASE NOTE: Contract must be signed and fees must be paid in full before deadline date

ACCOMODATIONS:

RESERVATIONS MUST BE MADE THROUGH A HOTEL DIRECTLY.