

**North Dakota Chiropractic Association
Exhibitor Registration
2010 Annual Convention – April 23-25, 2010
Holiday Inn Riverside, 2200 Burdick Expressway E, Minot, ND 58701**

Please complete and mail the registration form with your payment to:

Dr. Paul Ellenbecker, NDCA, PO Box 722, Minot, ND 58702

Fax: 701-838-3497

Email questions to Kelli Wilson: info@ndca.net

Registration Form and Payment must be received by April 5, 2010

Please Print Clearly:

Company Name _____ **Phone:** _____

Company Address _____

Company Representative _____ **Email:** _____

Product to Exhibit _____

Booth Fee: \$200 per 8 ft. table _____ x \$200 = _____

Need Electricity at Booth Y N

Includes your company listing in our annual member's directory.

1/4-Page Advertisement in Member Newsletter _____ x \$150 _____

Kelli Wilson will contact you via email to get your ad.

Banner ad on www.ndca.net _____ x \$150 _____

Kelli Wilson will contact you via email to get your banner ad.

Sponsor a break for attendees _____ x \$250 _____

Your company banner (which you bring) will be displayed in attendee meeting hall; your company will be acknowledge at the podium

Sponsor breakfast for attendees _____ x \$500 _____

Your company banner (which you bring) will be displayed in attendee meeting hall AND you will be given 5 minutes at the podium to address attendees

Total registration fees: _____ **\$** _____

Payment may be made by check made payable to NDCA or

Credit Card #: _____ **Exp Date:** _____

Name on Card: _____ **CVV:** _____