

**2010 NDACE INSTITUTE  
Vendor & Supplier Registration Form  
60th Annual Institute— February 3rd thru February 5th, 2010**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COUNTY/ORGANIZATION REPRESENTING: \_\_\_\_\_

STREET ADDRESS OR P.O. BOX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**2010 VENDOR MEMBERSHIP DUES**

Sustaining Member (\$15.00—Suppliers & Vendors) \$ \_\_\_\_\_

Life Member (No Charge) \$ 0.00 \_\_\_\_\_

Total Membership Fee \$ \_\_\_\_\_

**2010 VENDOR REGISTRATION**

Vendor Booth—Includes one (1) Conference Registration  
And one (1) Banquet Ticket (\$180.00) \$ \_\_\_\_\_

Additional Staff Registration (\$25.00 each)  
Excluding Banquet Ticket \$ \_\_\_\_\_

Additional Banquet Tickets (\$30.00 each) \$ \_\_\_\_\_

Total Vendor Fee Enclosed \$ \_\_\_\_\_

**TOTAL (No Direct Billing) \$ \_\_\_\_\_**

**PAYMENT & CANCELLATION POLICIES**

Pre-Registration Payment Enclosed

Will Pay at Registration

Cancellations received 7 days prior to the convention will receive a full refund. No-shows or cancellation received less than 7 days prior receive no refund. Please make checks payable to NDACE.

**PLEASE RETURN PROMPTLY TO:**

Kerry Johnson  
NDACE Sec/Treasurer  
PO Box 306  
Valley City, ND. 58072

Phone: 701-845-8508  
Fax: 701-845-8533