(Tri-State)TOC CONFERENCE and SHOWCASE
May 11, 12, & 13, 2010
Holiday Inn, Fargo, North Dakota

VENDORS REGISTRATION FORM

Please complete and return this form to **N.D.T.A., PO Box 2614, Bismarck, ND 58502**, or email to **pat@ndta.net, or fax to 701-223-6023.** Non-exhibitor companies must register before March 31 to have your company contact and product information listed in the program booklet.

As of February 2, exhibit space is no longer available. All spaces have sold.

Supplier Company Fee (non-exhibitors)	**$ 125.00**

Name of Attendee (Per person fee is $75)	**TITLE**	**($75 each)**
		$
		$
		$
		$
		$
		$
		$
		$
		$
	TOTAL PER PERSON FEES	**$**

Supplier Company Fee	**$ 125.00**
Total Per Person Fees	**$**
GRAND TOTAL	**$**

Do you want us to email you an invoice for the Grand Total amount? YES_____ NO_____	Please make check payable to "NDTA" **We do not accept credit cards.**

Name person completing this form:	**Email Address:**
Company Name	
Street address or P.O. #:	**City, State & Zip:**
Ph #: **Fax:**	
Contact person to list in the Program:	**Contact's email address:**

PLEASE*…email to pat@ndta.net a* ***description of your product or service*** *(or attach the description if you are mailing or faxing your registration). The description will be printed in the program booklet. We prefer you do not submit a handwritten description.*