



Exhibitor and/or Sponsor Application – NAFP Fall Conference 2017

Saturday, November 11, 2017

Lied Lodge and Conference Center, Nebraska City, NE

Please complete and mail with payment to: NAFP, 11920 Burt Street, Suite 170, Omaha, NE 68154

Contact: Jen Brady **Phone:** (402) 505-9198 **Fax:** (402) 505-9281 **E-Mail:** jen@nebrafp.org

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person Name: _____

Email: _____

Phone: _____

Name of Person(s) Staffing Exhibit:

Please indicate if you will need the following:

_____ Power Outlet (complimentary)

_____ Internet Access (complimentary)

I would like to support the event: ☐ Yes ☐ No ***If yes, please indicate below what type/what level of support.**

Educational Grant:

_____ \$1000

_____ \$750

_____ \$500

Other Support Opportunities:

_____ Board of Directors Dinner (\$1500)

_____ Tailgate Event (\$1000)

_____ Family Activity (\$750)

_____ Food & Drink Break (\$500)

This section to be completed by the NAFP

Date Payment Received: _____ Payment Type: _____ Amount: _____

Outlet: _____ Internet: _____