

# NACE WESTERN AREA CONFERENCE

November 12 to 14, 2019 | Long Beach, California

## EXHIBIT REGISTRATION FORM

E-mail the completed form to: [sales@nace.org](mailto:sales@nace.org)  
OR fax to: +1 281-228-6399  
**Do NOT do both as duplicate registration may occur**  
Questions? Call: +1 281-228-6481  
Web site: [wac.nace.org](http://wac.nace.org)

Company: \_\_\_\_\_

Name of Registrant (First/Last): \_\_\_\_\_

Booth Number Desired: (Option 1) \_\_\_\_\_ (Option 2) \_\_\_\_\_ (Option 3) \_\_\_\_\_

Additional Booth Attendant (First/Last): \_\_\_\_\_  
{Additional fee required}

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Web Site: \_\_\_\_\_

Exhibit Contact Name (First/Last): \_\_\_\_\_

Exhibit Contact E-mail Address: \_\_\_\_\_

*Note: If you have a disability that may affect your participation, check here and fax a written description of your needs to +1 281-228-6314. NACE Conference staff will contact you.*

### EXHIBIT FEES

\$750 USD 8' x 10' exhibit space (includes one 6' table and two chairs with full conference registration)  
\$350 USD Additional booth attendant

### CANCELLATION POLICY

All requests for cancellation must be submitted in writing. All paid and guaranteed registrations cancelled in writing at least 30 calendar days in advance of the event will receive a 50% refund of the total exhibit space fees. No refunds or credits will be issued on cancellation requests received less than 30 days before the scheduled event.

### PAYMENT INFORMATION

Payment in U.S. dollars drawn on a U.S. financial institution. Registrations will not be processed without payment. Please do not ask to be invoiced. Remit wires to NACE International, Swift Code FRSTUSD44, Acct# 502209039, ABA 114000093.

Total payment in U.S. \$: \_\_\_\_\_ Check enclosed—check number: \_\_\_\_\_ Wire payment.

Charge my credit card: \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_