



EXHIBITOR REGISTRATION FORM

Organization: _____

Contact Person: _____

Names of everyone that will be attending and indicate with a * who should be listed in the Conference Program:

Street Mailing Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Please provide a brief description of your company and products for the Conference Program:

Please indicate if you will be attending the NH FAM Tour on 4/11/12 Yes No

Please indicate if you will be attending the Welcome Reception at the Aviation Museum on 4/11/12 Yes No

Exhibit Options*		
Exhibitor – Single 8ft. Table (includes one full registration)	\$800.00	
Exhibitor - Non-profit and State & Federal Government (include educational/tour sessions and welcome reception only)	\$500.00	
Additional Attendee Fee		
Full conference attendee fee	\$195.00 Before 3/23/11	\$235 After 3/23/11
Thursday only	\$125.00 Before 3/23/11	\$150.00 After 3/23/11
Friday only	\$75.00 Before 3/23/11	\$100.00 After 3/23/11
TOTAL AMOUNT DUE:		

* **Cancellation Policy:** Up to 30 days prior to event -- Full refund minus \$50.00 administration fee. Within 30 days - unfortunately no refunds can be provided.

PAYMENT METHOD:

- Check (Payable to New Hampshire Travel Council)
- Credit Card

MAIL OR FAX TO:

NH Governor's Conference on Tourism
 c/o NH Travel Council
 P.O. Box 3935
 Concord, NH 03302
Fax 603-226-1829

Number _____ Exp. Date _____ Three Digit Code _____

Cardholder Signature _____ Name as it appears on the card _____

For information please contact Kelly Jarvis at 603-290-0839 or kelly@nhtravelcouncil.com