



National Association of Forensic Counselors

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NAFC 2022 Annual Conference Sponsor and Exhibitor Application

Name of Company

Mailing Address

City

ST

ZIP

Contact Person

Contact Phone No.

Contact E-mail (required)

Company's Website

Company's E-mail

Product/Service to be Exhibited

Exhibitor Space

NAFC Members can get an Exhibitor for free while space is available. Space is limited. Space is reserved on a first come, first serve basis.

- All Three Days: _____ Member Price: FREE _____ Non-Member Price: \$300.00
- September 19th Only: _____ Member Price: FREE _____ Non-Member Price: \$200.00
- September 20th Only: _____ Member Price: FREE _____ Non-Member Price: \$150.00
- September 21st Only: _____ Member Price: FREE _____ Non-Member Price: \$150.00

Sponsor Package

- Platinum Package: \$2500
- Gold Package: \$1500

Method of Payment: _____ Check/MO _____ CC _____ PO No. (must accompany application)

Credit Card No.

Exp. Date

CVV Code

Name on Card

Amount to Charge

Authorized Signature

Date

By submitting this application, I attest and agree to all of the following: I have read and understand all terms and conditions of being an Exhibitor/Sponsor and agree to abide by all. NAFC reserves the right to refuse any request for any reason. The entity named above maintains the necessary liability insurance to cover any and all claims arising from our participation at this event, and fully and voluntarily agrees to hold the NAFC, AACFC and all past, current and future: Board Members, Directors, Trustees, Committee Members, Commission Members, Officers, Agents, Staff, Contractual Employees, Presenters, Shareholders, Examiners, and all other persons and/or entities acting as Representatives as granted by the NAFC/AACFC, wholly and absolutely harmless and free from all civil liability for any and all forms of: damages, complaints, actions, sanctions, resulting repercussions, determinations, outcomes and/or consequences by reason of any action that is within the scope and arising out of the performance of duties in connection with this event.

Name of Authorized Representative

Signature of Authorized Representative

Date