



NAGAP 2011 EXHIBIT APPLICATION

The Leader in Graduate Enrollment Management

STEP ONE: Contact Information Please legibly complete all information below for use in the onsite publication.

Primary Contact: _____

Company Name: _____

Street Address: _____

City, State, Country/Province, Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Company Website Address: _____

Authorized Signature and Date: _____

Please provide the names of exhibitors who will need badges.

1 Name: _____

E-mail Address: _____

2 Name: _____

E-mail Address: _____

3. (Additional fee) Name: _____

E-mail Address: _____

4. (Additional fee) Name: _____

E-mail Address: _____

____ # Additional representatives @ \$50 each (exhibit hall only)

____ # Additional representatives @ \$175 each (exhibit hall and social events only)

STEP TWO: Conference Support Levels

- Level of Support: Alliance Circle Partner
 Platinum Silver
 Gold Bronze

The full 2011 NAGAP Exhibitor Prospectus with sponsorship opportunities will be available in late 2010.

STEP THREE: Description of Products and Services

A description of the products or services you will be exhibiting will be included in the NAGAP Program Book. E-mail your description (50 words or less) and your company logo to Joyce Miller, CMP, at jmiller@goAMP.com. no later than February 28, 2011. Please include your contact information (i.e., address; phone; e-mail; website) – this will not count toward your 50-word limit.

STEP FOUR: Exhibit Space Selection

NAGAP will make its best effort to accommodate your wishes.

Early Bird 10% Discount if received by June 28, 2010. A \$250 non-refundable deposit is required to hold a booth(s).

____ # 10' x 10' booth(s) @ \$1,125 each

After June 28, \$1,250

____ # 10' x 10' Preferred Booth(s) @ \$1,485 each

After June 28, \$1,650

Indicate preferred booth spaces (*fill in the # from the floor plan*).

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

List any potential exhibitors you DO NOT wish to be near: _____

STEP FIVE: Total Fees

Total Due \$ _____

Deposit \$ _____

Total Balance Due \$ _____

TOTAL PAYMENT ENCLOSED \$ _____

(Balance is due with the full registration form no later than February 28, 2011.)

STEP SIX: Method of Payment

All funds MUST be submitted from a U.S. bank in U.S. funds. NAGAP does not accept purchase orders or invoice for services.

NAGAP Tax ID 118362047

Check made payable to NAGAP – check # _____

Charge payment to the following credit card:

American Express VISA MasterCard Discover

Credit Card Number Expiration Date

Name as it appears on card

Signature Date

STEP SEVEN: Submitting your Registration

Turn in Form to the Registration Desk Before the Conclusion of the 2010 Meeting

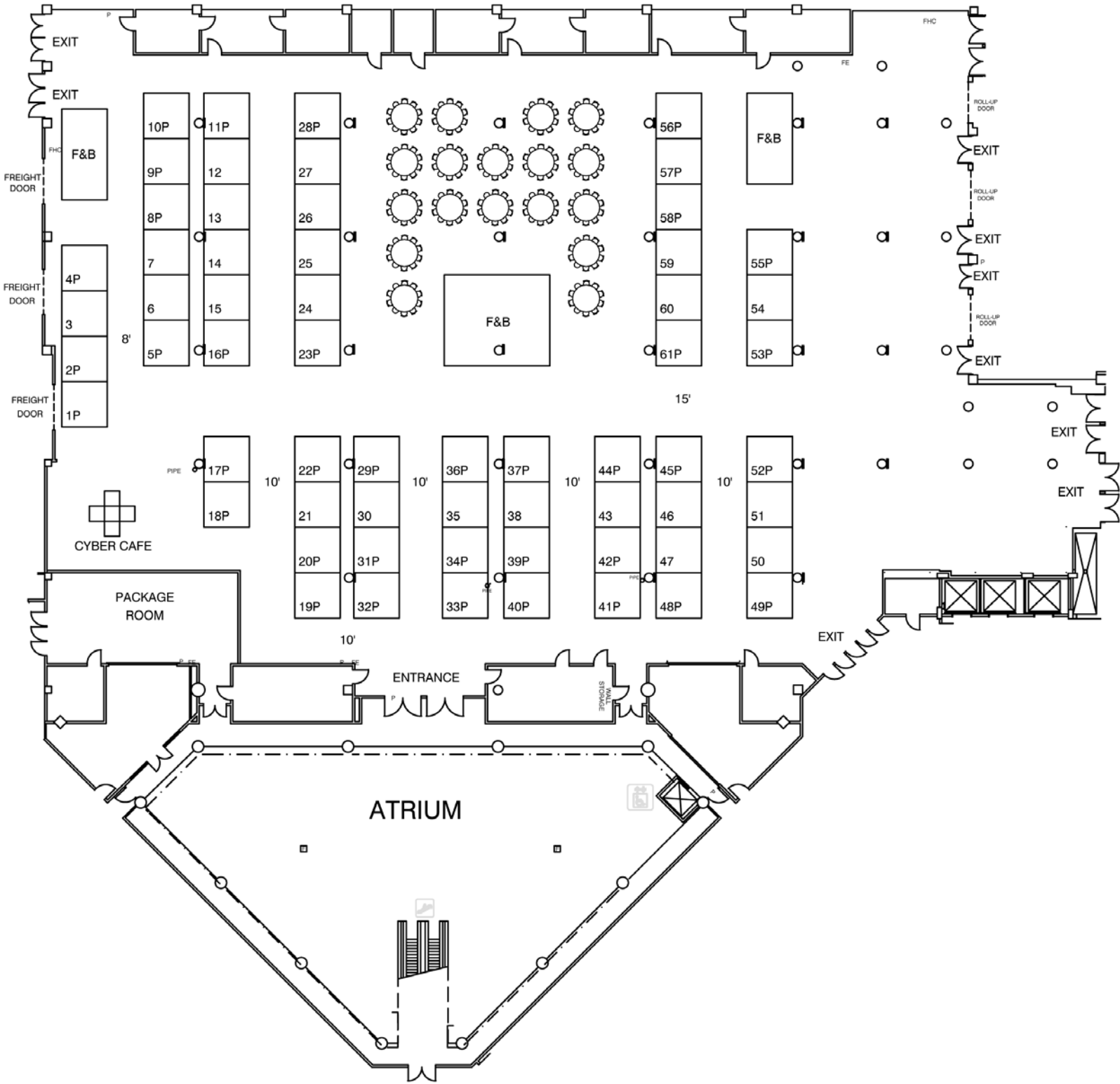
Fax: Fax completed form and credit card payment information to: 913/895-4652

Mail: Mail completed registration form and appropriate fees to:

NAGAP Executive Office Overnight:
P.O. Box 14605 18000 W. 105th Street
Lenexa, KS 66285-4605 Olathe, KS 66061

Questions: Contact Joyce Miller, CMP, at jmiller@goAMP.com or 913/895-4787

RESERVATION DUE DATE: February 28, 2011



NAGAP 2011
MARRIOTT WARDMAN PARK HOTEL
WASHINGTON, D.C.