



NASSLEO
NATIONAL ASSOCIATION OF SCHOOL SAFETY AND LAW ENFORCEMENT OFFICERS

39TH Annual Convention, July 14-16, 2008

Doubletree Hotel Philadelphia, 237 South Broad Street, Phil. PA, 19107-5686, 1-800-222-8733

VENDOR/EXHIBITOR APPLICATION FORM

COMPANY NAME: _____

ADDRESS: _____

CO. REP. AT CONFERENCE: _____ EMAIL: _____

TEL: () _____ FAX: () _____

PRODUCT/SERVICE TO BE DISPLAYED: _____

FEE: Vendor/Exhibitor fee is \$500 for one standard 6' display table with linen/skirt. A second table may be added for an additional \$250 (\$750 total). You may provide a backdrop display. The hotel will not accept shipped products that arrive more than five days before the conference (July 9, 2008). The Hotel Assistant Director of Sales, Ms. Danette Wilson, 215-893-1685, must approve all exceptions. In order to have your product/service advertised in the conference binder all information and payment must be received no later than June 1, 2008. Full refunds for cancellations end on July 1, 2008. A processing fee of \$25 will be charged for cancellations after that date. Vendor/Exhibitor displays may be set up after 8 a.m., Sunday, July 13, 2008. The conference begins early Monday morning with a continental breakfast in an area near the displays. Displays must be removed no later than noon, Wednesday, July 16, 2008.

NASSLEO has a long tradition of actively supporting our sponsors/vendors/exhibitors. All sponsor/vendor/exhibitor names will be added to the NASSLEO website and **displayed for approximately one year**. Every effort is made to locate the displays in/near high traffic areas. During the course of the conference **each sponsor/vendor/exhibitor is afforded one minute during the conference to introduce your product/service to all attendees**. Representatives are also invited to **be our guest at the breakfasts, luncheons, and the President's Dinner** on Monday night, July 14, **at no extra charge**. We look forward to your visit with us, and perhaps the beginning of a long partnership.

Please arrange for one table @ \$500 _____.

Please arrange for two tables @ \$750 _____.

If possible, I would like to have: _____.

Credit Card: Visa _____ Master Charge _____ Card # _____ Expires ____/____/____

Name on Card: _____ Signature: _____

Purchase Order #: _____ Payment enclosed: _____ Payment to be forwarded by May 1, 2007: _____
Make checks payable to and forward all fees to: NASSLEO, P.O. Box 210079, Milwaukee WI, 53221.