



Date: _____

REQUEST FOR REPRESENTATION/SUPPORT AT STATE CONFERENCES

Please complete ALL information to process request

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H):(_____) Phone (W):(_____) _____

Email: _____ Expected Conference Attendance: _____

Location of Conference: _____ Date of Conference: _____

Request:

_____ Vendor fee for Exhibit Area Display (up to \$150 will be paid by NBCSN: please attach Vendor Application. Check will be mailed directly to State Treasurer or Conference Treasurer)

_____ \$100 Honorarium (Honorarium will be paid upon receipt of copy of attendance certificate)

_____ NBCSN Display Banner*

_____ NBCSN Brochures*

_____ NBCSN Ribbons*

_____ I am unable to attend the state conference and would like to request that the NBCSN Board member attend (Please include Conference Brochure)

Please Return to: Denise Wagner

Mail: NBCSN

Fax: (212) 356-0678

Email: dwagner@ptcny.com

1350 Broadway, Suite 1705

New York, NY 10018

*All conference material will be mailed to address above prior to conference. Request must be received no later than one month before conference. All information MUST be filled in to be processed.

Office Use Only:

Approved: _____ Date: _____

Vendor Fee: Check # _____ Date: _____ Mailed to: _____ Date: _____

Honorarium: Check # _____ Date: _____ State Liaison: _____ Date: _____

NBCSN Board Member who attended: _____