



Vendor Registration Form

Please print this form, complete it and mail or fax with payment to USNSC.

USNSC Vendor Exhibition will be held 21-22 May 2008 at Highlands Ranch Law Enforcement Training Center, 9008 N. HWY 85, Littleton, CO 80125-9915. Phone: 720-344-2762

Company _____ Product(s) _____

Contact Name _____ Email _____

Company Address _____ City _____

State _____ Zip _____ Phone _____

Website _____

Exhibitor fee is \$650 USD 1 January – 29 February 2008, the fee increases to \$750 USD 1 March 2008. Exhibitor space is 10'x10' w/two tables and two chairs in the Exhibition Tent at HRLETC. There are no movement, set up or union fees at the USNSC.

All requested spaces require payment in full with signed Vendor agreement. There is a \$100 non-refundable processing fee for cancellations and no refunds after 1 April 2008. Vendors who require electricity or other services should identify those needs in Special Requests below. Vendors are responsible for shipping displays/goods/materials in to and outbound from HRLETC. Shipments should not arrive at HRLETC before 19 May 2008 and must be scheduled for departure pick-up NLT 23 May 2008. USNSC, Douglas County and HRLETC accept no responsibility for materials left at HRLETC after 23 May 2008.

Special Requests

I require electricity: yes no (circle one)

Additional needs: _____

I acknowledge reading and understanding all the rules governing the Vendor Exhibition at the US National SWAT Championships as published on the USNSC website: www.nationalswatchampionships.com. Further, my company and I agree to be responsible for our own safety and that of our employees/associates while at HRLETC. Agreement is acknowledged by my signature and constitutes a legally binding contract.

Authorized Company Representative _____ Date _____

Signature _____ Title _____

Payment Information

Please make checks payable to ***US National SWAT Championships***

Mail to: USNSC PO Box 20341, Mesa, AZ 85277-0341. Fax: 480-807-4179. **Credit Card information**

Circle type card: Visa Master Card American Express

Card Number _____ Expiration Date _____

Name as it appears on card (print) _____ Signature _____

Cardholder Phone Number _____ Today's Date _____

PO Box 20341
Mesa, Arizona 85277-0341
Ph: 480-854-9955