Exhibit/Sponsorship Registration Form

Return the completed form to:				
Nationa	I Association of Police Orga	nizations		
	317 South Patrick Street			
	Alexandria, Virginia 22314			
Tel: 703-549-0775	Fax: 703-684-0515	Email: elorar	nger@napo.org	
 Premium Display, includes 2 repre Additional Representativ 				
Please indicate type of display:		Will you need a six foot skirted table?		
□ Table Top □ 10' x 1	0' Booth	Yes	🖵 No	
I am interested in sponsoring a cof	iee break, breakfast or recepti	on and receiving c	omplimentary exh	ibit

space. Please contact me to discuss the details.

Questions? Contact NAPO's Director of Events, Elizabeth Loranger at eloranger@napo.org

Name:		
Title:		
Organization:		
Address:		
City, State, Zip Code:		
Phone:	Fax:	
Email:		
Product/Service:		
Please provide nar	nes for individuals as they should	d appear on name badge:
Exhibitor 1:		
Exhibitor 2:		

Payment Information

□ I will be sending a check made payable to NAPO.

Please mail to 317 South Patrick Street, Alexandria, Virginia 22314

□ Please charge my credit card

To pay by credit card please complete the following and fax to **703-684-0515** or email **eloranger@napo.org Card information:**

Amount: \$	Card type:	Visa D MC D	Amex Discover
Card Number:		Expiration Date:	CID Number:
Billing Address:			
Name on Card:		Signature:	