

Sponsorship and Exhibit Application

Exhibit contact name:					
		Title:			
Address:					
City:			State:Zip code:		
Phone:Email:		Website:			
Sp	onsorshi	and Exhib	oit Opportunities		
Sponsorship Levels		Exhibiting Opportunities			
(Includes Exhibit Table) ☐ NCJFCJ Presenting Partner	\$25,000	□ NCJFC	CJ Exhibiting (C/B) Partner* \$3,000 CJ Exhibit (N/G) Partner* \$2,500		
	,		les 2 full registrations per conference		
□ NCJFCJ Platinum Partner	\$20,000	Exhibit	tor Fee		
□ NCJFCJ Gold Partner	\$15,000		nnual Conference \$1,000		
□ NCJFCJ Silver Partner	\$10,000	Additio	onal Exhibitor Fee Per Person (if not included)		
□ NCJFCJ Bronze Partner	\$5,000	☐ Membe☐ Non-me	er \$595 by 6/5 \$695 by 6/28 \$795 Late sember \$745 by 6/5 \$845 by 6/28 \$945 Late		
Additional Cooperation		NCJFC	CJ Member Status (please check one):		
Additional Sponsorships Conference App Partner	\$6,000	☐ Membe☐ Non-me	- -		
• •		□ Non-me	ember		
☐ Conference Wi-Fi Partner☐	\$6,000	Addition	Additional Marketing Opportunities		
☐ Conference Tote Partner	\$6,000				
of an area Bos and a book to be		□ Confe	erence Tote Insert \$1,000		
nference Program Advertising ☐ Program sponsor	\$5,000	Primary	ry Service (please check one):		
□ Full page	\$1,000		ation services		
☐ Half page	\$650		ential or behavioral treatment services		
☐ Quarter page	\$400		ology services		
	•				
			TOTAL DUE:		
hibitor Name (included in booth fee	e):	Email:			
Additional Exhibitor Name #1:		Email:			

Company Description: Please provide or attach a brief description, 30 words or less, of the products or services you will be exhibiting at the Conference. The description will be included in the Conference App if received by June 9.

Email:

Additional Exhibitor Name #2_



WWW.NCJFCJ.ORG

COMPANY NAME (as entered on page one):_____

Payment terms: Payment is due at the time application has been reviewed and payment			ot will be sent as soon a	s your
Cancellation terms: There are no refunds cancellations or refunds must be made in writ cancellations will incur a \$100 administrative Annual Conference.	iting. We are u	nable to refund any proc	essed sponsorships. A	II accepted
Payment Method:				
Check enclosed (payable to NCJFCJ)	Visa	MasterCard	Discover	AMEX
Name on Card:				
Card #:		Exp. Date:	3-digit code:	
Authorized Signature:_				
Exhibitor Responsibility: The exhibitor agrees that the National Councilors staff members, agents or employees are not damage that may occur to exhibitor, the exhibitor or subsequent to the 87th Annual Con NCJFCJ does not maintain insurance covering obtain the appropriate amount of insurance traccident or any other cause.	responsible for ibitor's agents of the rence and the exhibitor in the exhibitor in the responsible for the exhibitor in the e	or and are released from or employees, or any oth ne 2024 NCJJ Conferenc or's property. It is the sole	all liability for any injury er person, or person's p e. responsibility of the ex	, loss or property prior, hibitor to
·			Deter	
Authorized Signature:				
Print Name & Title:				
***FOR SECURITY REASONS, DO NOT COMPLETE APPLICATION AND NO				

Return application to:

National Council of Juvenile and Family Court Judges ATTN: Registrar

P.O. Box 8970, Reno, NV 89507

Or, via secure fax at (775) 507-4848

For questions, contact ardis.parmer@gmail.com or at (775)772-9121.

Please Note: The National Council of Juvenile and Family Court Judges (Federal ID #362486896) is a 501(c)(3) tax-exempt organization, as defined in section 509(a)(1) and 170(b)(1)A(vi) of the Internal Revenue Code. A portion of your sponsorship may be tax deductible to the extent allowed by law. Please contact your tax advisor.