

NAVAL SUBMARINE LEAGUE ANNUAL SYMPOSIUM NOVEMBER 1-2, 2017 HYATT REGENCY CRYSTAL CITY, ARLINGTON, VA



EXHIBITOR INTENT FORM

ORGANIZATION:			
BILLING POC INFO:			
Name:		Telephone:	
Address:		Suite:	
City:		State:	Zip:
Country:			
Email:		Cell:	
We plan to pay by:	☐ Check	Credit Card (4% fee will be added to credit card payments
EXHIBIT POC INFO (if different from This is the individual who will receiv		ation regarding regis	stration, set-up, tear-down, freight, etc
Name:		Telephone:	
Address:		Suite:	
City:		State:	Zip:
Country:			
Email:		Cell:	
EXHIBIT SPECIFICS:			
Booth Size ft x ft	Total	Square Ft:	Space/Ht Limits:
Organizations I would like to be plac	ced near:		
1	2		3:
Organizations I would NOT like to be	e placed near:		
1	2		3:

Please return this form via email to: $\underline{\hbox{NSLexhibits@navalsubleague.org}}$

NO LATER THAN 30 JUNE 2017