



CALIFORNIA NARCOTIC CANINE ASSOCIATION

2 EL PASO PLACE * SALINAS, CALIFORNIA * 93901 * 707.226.8999 * FAX 707.226.8219 * WWW.CNCA.COM

EXHIBITOR CONTRACT

Business Name: _____

Contact: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____

Website: _____

BOOTH PRICE	BOOTH SIZE	QUANTITY	TOTAL
\$500	10 x 10		

Method of Payment: _____ Credit Card _____ Check

Credit Card #: _____ Exp. Date: _____

Security Code: _____ Billing Address Zip Code: _____

Make Checks Payable to CNCA
Mail to 2 El Paso Place, Salinas, CA 93901

By signing this contract I acknowledge reading and fully understand all rules and regulations governing the 2017 CNCA Training Institute as printed on the Exhibitor Terms and Conditions. I agree to abide by all these rules and regulations and acknowledge that acceptance of the by CNCA constitutes a legally binding contract.

Print Name: _____ Title: _____

Signature: _____ Date: _____

PLEASE either FAX completed form to 707-226-8219 OR EMAIL to cncafinance@gmail.com

FOR LAW ENFORCEMENT, BY LAW ENFORCEMENT