

**ILEETA**  
**International Law Enforcement**  
**Educators and Trainers Association**

**2012 Exhibitor Registration Form**

**Exhibitor Information**

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Product/Service Description (*250 character maximum- Information will appear in the Official Program Guide*):

\_\_\_\_\_  
\_\_\_\_\_

**Corporate Sponsorship Information**

Corporate Sponsor (please circle)      **Yes or No**

I would like to become an ILEETA Corporate Sponsor with this application (\$500.00 Annual Dues)      **Yes or No**

**Exhibit Space Request**

Number of spaces requested: \_\_\_\_\_ Location Preference: \_\_\_\_\_

**Program Guide Advertising** (Please check appropriate box - see page 2 for rate chart)

Yes: \_\_\_\_\_ Ad Size: \_\_\_\_\_ No: \_\_\_\_\_

**Payment Information**     Check     Money Order    \_\_\_\_\_ Credit Card/Exp  
*(ILEETA accepts VISA or Mastercard only)*

Payment terms are net 30 day pay. All cancellations must be received in writing. Refunds will not be made for requests received after January 1, 2012.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

By signing this form I acknowledge reading and understanding the safety regulations governing the ILEETA conference and exposition and agree to abide by these regulations. The terms of this contract may not be changed except in writing and signed by all parties.

Please mail or fax this form to: ILEETA  
Attn: Gerald Longden  
109 Theresa Drive \* Mullica Hill, NJ 08062 \* Phone: 315-751-0763 \* Fax: 856-223-5439

