



## NAMI Florida, Inc. October 3, 2009 Annual NAMI WALK Exhibitor Form

To register as an Exhibitor, submit this form along with full payment to NAMI Florida, Inc. or request an invoice. Payment in full is due by September 20, 2009.

Each Exhibitor will be assigned a 6 ft. table and 2 chairs. If you have special needs please inform NAMI Florida, Inc. as soon as possible. Electrical access will not be available.

Fees (check one):

\_\_\_\_\_ \$750 (Corporation, complimentary 1 yr membership to NAMI included)

\_\_\_\_\_ \$250 (Non-profit)

\_\_\_\_\_ \$500 (Supporter Member, (1yr membership)

\_\_\_\_\_ \$25 (NAMI Affiliates)

\_\_\_\_\_ \$25 (Consumer Organizations)

**Company/Organization name as it should appear in print:**

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Name(s) of persons staffing exhibits:

\_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**Release of Liability**

I DO HEREBY AGREE TO IDEMNIFY AND HOLD HARMLESS NAMI Florida, Inc, ITS DIVISIONS AND AGENTS FROM ANY AND ALL LIABILITY, DAMAGE, LOSS, CLAIMS OR DEMANDS AND ACTIONS OF ANY NATURE WHATSOEVER, INCLUDING ATTORNEY'S FEES, WHICH ARISE OUT OF OR ARE IN ANY WAY CONNECTED WITH THIS EVENT. I INTEND THAT THIS RELEASE BE BINDING ON MYSELF, MY REPRESENTATIVES, HEIRS AND ASSIGNS.

Submitted by: \_\_\_\_\_

(Please Print)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to NAMI Florida, and mail to:

NAMI Florida, Inc.  
2009 Annual WALK Exhibitor Forms  
316 East Park Avenue  
Tallahassee, FL 32301  
Fax: (850) 671-5272

For additional information call (850) 671-4445 or email [rorobaker5@hotmail.com](mailto:rorobaker5@hotmail.com).