

Great Opportunity for PAYMENTS 2019 Committed Exhibitors & Sponsors Only

Option 1: Passport Program

Be one of 12 exhibitors visited by attendees seeking a passport sticker to complete their entry form. Our Passport Program is a very popular attendee attraction as each of the five prizes is a trending technology/device must-have. Last year's exhibitors loved the increased face time with attendees. Your full color company logo will be included in the large Passport Program section of the Conference Map.

*Exhibitor participation is limited to 12 exhibitors and will be confirmed on a first-come, first-served basis. Please provide a high resolution logo.

Passport Program - \$1,000



Option 2: Product Demos

Choose from two incredible options! The Innovation Hub or the Smarter. Faster. Payments Zone. Present your company's innovative payments solution inside the exhibit hall in one of these two highly visible presentation theaters. Your 15-minute presentation will give you the chance to present your product or solution outside of your exhibit booth to an audience of interested payments professionals and corporate end-users. Your full color company logo, description, demo presenter, product or solution will be included in the mobile app and your logo will also be included on marketing materials and on the PAYMENTS 2019 website (with redirect URL). Two pre- and one post- conference attendee lists are included (each for one-time mailing only). Please provide a high resolution logo.

Product Demo - \$3,000



EXHIBITING COMPANY: _____ BOOTH NUMBER: _____

CONTACT: _____

PHONE: _____ EMAIL: _____

PAYMENT INFORMATION: Balance must be paid by February 28th, 2019.

Enclosed is total payment of \$ _____ (Full payment due with application)

ACH Credit: UPIC RTN # 021052053, UPIC ACCT # 59058945

Company Entry Description: AN19, Company Name

ACH Credit Effective Entry Date: _____ / _____ / _____

Credit Card: **Submit Credit Card payment by FAX to: 703-713-1641 or call Chris Blevins at 703-561-3901**

Visa MasterCard American Express Discover

Account # _____ Exp. Date _____ CSC _____
 (last 3 or 4- digits on the back of the card)

Name Exactly As It Appears On Card _____

Signature _____ Date _____

Credit Card Billing Address _____ City _____ ST _____ ZIP _____

If payment is enclosed return to: NACHA, ATTN: Accounting, 2550 Wasser Terrace, Suite 400, Herndon, VA 20171.
 Questions / availability? Contact NACHA Sales at: (P) 703-561-3960 or email: hprice@nacha.org.