

RECOGNITION CERTIFICATE REQUEST FORM

Return this Form at Least 2 weeks Before the Event
(to allow time for NAWCC headquarters to prepare certificates)

Send to NAWCC Member Services

Name of Event _____

Date of Event _____

City and State of Event _____

HOST CHAPTER: _____

CO-HOST CHAPTER: _____

HOST CHAPTER PRESIDENT: _____

GENERAL CHAIRMAN: _____

GENERAL CO-CHAIRMAN: _____

ADVERTISING CHAIR: _____

PRE-REGISTRATION CHAIR: _____

ON-SITE REGISTRATION CHAIR: _____

FINANCE/TREASURER CHAIR: _____

MART CHAIR: _____

EXHIBIT CHAIR: _____

PROGRAMS/LECTURES CHAIR: _____

WORKSHOP CHAIR: _____

SPEAKERS(S): _____

AUCTION CHAIR: _____

HOSPITALITY CHAIR: _____

DONATIONS/DOOR PRIZES/SPONSORSHIPS CHAIR: _____

BANQUET CHAIR: _____

PHOTOGRAPHY CHAIR: _____

SECURITY CHAIR: _____

SIGNAGE/POSTERS CHAIR: _____

OTHER: _____

OTHER: _____

OTHER: _____

Complete this form as it pertains to your regional. Feel free to add additional names.