

NCAP DISTRIBUTION/REIMBURSEMENT REGISTRATION
CREDIT FORM

PARTICIPANT'S NAME: _____

DATE: _____

EVENT: _____
(IDIS SHOW, IDIS SALE, WORK DAY-HOLLIDAY PARK)

WORKDAY - HOLLIDAY PARK:

HOURS WORKED: _____
(4 HOURS - MINIMUM)

SHOW/SALE INFORMATION (CHECK ALL THAT APPLY):

SHOW - SETUP/TEARDOWN: _____

SHOW - GREETERS: _____

SHOW - WORKED SHOW: _____

SHOW - EXHIBIT: _____

SHOW - HOSPITALITY: _____ *(CHAIRMAN)*

=====

SALE - SETUP/TEARDOWN: _____

SALE - GREETERS: _____

SALE - WORKED SALES TABLES: _____

SALE - PROVIDER OF PLANTS: _____ *(10 PLANTS - MINIMUM)*

PARTICIPANT'S SIGNATURE

COMMITTEE CHAIR/OFFICER SIGNATURE

(NOTE: PARTICIPANT'S ARE RESPONSIBLE TO COMPLETE THEIR OWN FORM, ATTAIN THE REQUIRED SIGNATURE AND TURN THE COMPLETED FORM INTO THE RICE'S OR BARNETT'S.)