



Bringing the Collision Industry to a Higher Level of Excellence

2024 Exhibitor Opportunity

Capture the attention of attendees at this annual Collision Industry Training & Expo Event!

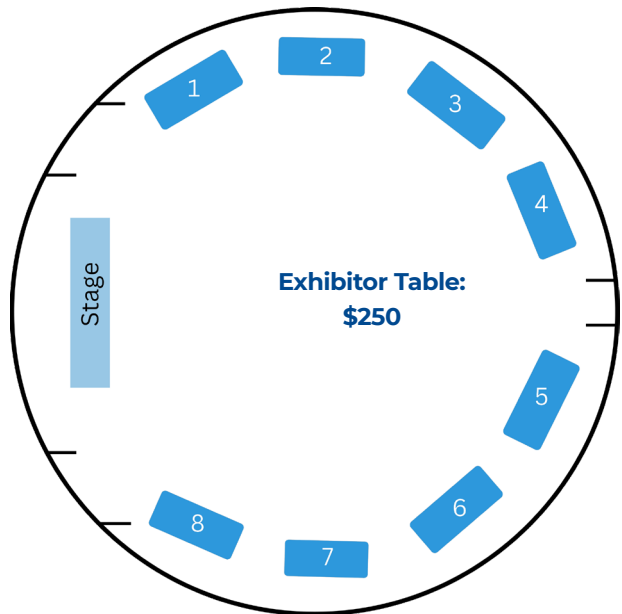
Our mission is bringing the collision industry to a high level of excellence by providing leading edge industry training and supply our attendees with exposure to exhibitors that are driving the industry.

Don't miss out on this opportunity to reach valuable customers in this exciting training and expo venue.

- ★ Meet potential customers
 - ★ Expand relationships with existing customers
 - ★ Marketing material given to all attendees
 - ★ Leading Edge Industry technologies
 - ★ Promote branding
 - ★ Mingle with top decision-makers
 - ★ Generate sales leads
 - ★ Unparalleled networking opportunities
 - ★ Opportunity to participate in the Northwest's Largest Collision Training Event
- And much more!*

Friday, May 3, 2024
12:00pm–1:00pm
Clover Park Technical College
Lakewood, WA

EXHIBITION FLOOR LAYOUT



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Register TODAY at CTETrainingExpo.com
or call toll-free 877-257-2100

2024
EXHIBIT SPACE APPLICATION
Friday, May 3, 12:00pm–1:00pm



Please direct inquiries to: Northwest Auto Care Alliance (NWACA) joanna@nwautocare.org
P.O Box 99907 brenda@nwautocare.org 253-653-2334
Lakewood, WA 98496 CTETrainingExpo.com 877-257-2100

Please complete application and return ASAP to reserve your table space now. Space is limited!

Company Information

Company _____
Contact _____
Address _____
City / State / Zip _____
Phone _____
Email Address _____
Website _____

BUSINESS TYPE:

- Aftermarket Supplier
- Advertising / Marketing
- Technology / Software
- Educational Institution
- Training and/or Consulting
- Other _____

Exhibit Space Information

Each 6-foot exhibit table includes one (1) table, two (2) chairs, booth name & number sign and electricity.

Table choice (by number – see previous page) First choice _____ Second choice _____

Expo Special (If you will have a Show-Only Special, please describe below.)

Product(s) or equipment to be displayed

Payment

Exhibitor Table: **\$250 each**

- Check enclosed (payable to NWACA)
- Please invoice to the above address

Please charge : VISA MasterCard American Express

Card # _____ Exp Date _____ Security Code _____

Name on Card _____

Credit Card Billing Address Same as Above

Other _____

Authorized Signature _____

Authorized Amount _____

Send completed applications to:

NWACA • P.O Box 99907, Lakewood, WA 98496