

# NCTM Affiliate Services

## Consignment Request & Agreement

To be submitted no less than six weeks before the Affiliate event.

**A. Requesting:**    Sample Consignment    Regular Consignment    Quantity Discount Purchase\*  
\*Attach list of products and stock numbers.

### B. Event Information:

TODAY'S DATE	DATE OF EVENT	
AFFILIATE NAME		
EXPECTED EVENT ATTENDANCE	ELEMENTARY/SECONDARY	OTHER
NAME OF EVENT	SPECIAL TOPIC OR THEME (IF APPLICABLE)	

### C. Ship Consignment to:

NAME (Please Print)		
ADDRESS	CITY/STATE or PROVINCE/ZIP or POSTAL CODE	
( )	( )	( )
HOME PHONE	WORK PHONE	FAX
E-MAIL		

### D. Send Inventory Records to: (if different than shipping contact above)

NAME (Please Print)		
ADDRESS	CITY/STATE or PROVINCE/ZIP or POSTAL CODE	
( )	( )	( )
HOME PHONE	WORK PHONE	FAX
E-MAIL		

**E. Primary Contact Person:**    Shipping contact    Inventory Contact

### F. Supply Quantities:

Catalogs \_\_\_\_\_ Bags for purchases \_\_\_\_\_ Membership Brochures \_\_\_\_\_

We may add quantities of promotional materials for NCTM events and products.

### G. NCTM Representative Approval

I have read and understand the guidelines for operating an NCTM Affiliate Consignment. On behalf of the Affiliate listed above I agree to the responsibilities outlined in Consignment Information, including all deadlines for returning unsold products, inventory record, sales report.

NCTM REPRESENTATIVE'S SIGNATURE  
(REQUIRED BEFORE THE REQUEST IS PROCESSED)

DATE