

NCTM Affiliate Services Consignment Sales Report

To be returned to NCTM within 2 days of the close of the event.

CONSIGNMENT ORDER # _____

NAME _____

AFFILIATE NAME _____

YOUR ADDRESS _____

CITY/STATE/ZIP _____

(_____) _____

HOME PHONE

(_____) _____

WORK PHONE

(_____) _____

FAX

E-MAIL _____

FINAL COUNT OF EVENT ATTENDEES: _____

A. Special Order Forms for Items to be SHIPPED <i>These items were purchased onsite but not taken from onsite inventory. Amounts will be added to your final bill.</i>	Number of Orders	Total Value of Orders
Special Order Forms - Credit Card Orders		
Special Order Forms - Cash Sales		
Total Additional Sales		

B. Special Order Forms for Items Picked Up ONSITE <i>These orders are for products picked up onsite. These products will not be shipped to customers. These amounts will NOT be added to your final bill.</i>	Number of Orders	Total Value of Orders
Special Order Forms - Credit Card Orders		

C. Return Shipping Costs <i>If you use UPS Ground, this amount will be credited to your final bill. Attach a copy of this receipt to this report.</i>	

NCTM REPRESENTATIVE'S SIGNATURE (REQUIRED) _____

DATE _____

NCTM Consignment Services

1906 Association Drive, Reston, VA 20191-9988

consignments@nctm.org ∪ Phone: (703) 620-9840 ext. 2185 ∪ Fax: (703) 476-2970

For NCTM Use Only

Invoice # _____

Total Outbound Shipping _____