

NCTM Affiliate Services Consignment Request & Agreement

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

A. Requesting: Consignment Quantity Discount Purchase (Attach list of products and stock numbers.)

B. Event Information:

TODAY'S DATE

DATE(S) 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

(_____) _____
PHONE

E-MAIL

D. Consignment Coordinator: Same as shipping contact above

NAME (Please Print)

ADDRESS

CITY, STATE or PROVINCE

ZIP or POSTAL CODE

(_____) _____
PHONE

E-MAIL

E. Additional Materials:

A Price List will be provided with the full retail price for each product sent. Please check the box below if you would also like Price Cards to display with each item. Price Cards

Please indicate how many you would like to receive: ___ Brochures ___ Catalogs ___ Plastic Bags

F. 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 the NCTM Affiliate Consignment Program document, including all deadlines for returning unsold products, inventory record, and sales report.

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

PRINT NAME

DATE