



NCACC Exhibit Show Request for Space and Contract

Name of primary representative in charge of exhibit:

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Legal name of company:

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Billing and correspondence address of company

	City	State	Zip
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Telephone #

Fax #

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Email address (needed for person who will make booth selection)

Website address

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Booth sign should read (limited to one line):

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Address to be printed in Conference Notebook (if different than billing address):

<i>Street/PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Please provide a 100-word description of your company or organization for our conference notebook:

As an authorized representative of my company or organization listed above, I have read, sought any desired legal advice, and agree to accept and to abide by the *Exhibit Space Agreement – Terms and Conditions* as stated, the same being incorporated herein by reference in its entirety:

Signed: _____ Date: _____

Please note the following (for more information, consult the Terms and Conditions):

- All payments are due in advance. Exhibit booth space will not be assigned until a completed Request for Exhibit Space form and payment in full is received.
- The selection order for booth assignments will be determined via a lottery conducted each Friday. All paid-in-full orders received the previous week will be in that week’s lottery. No vendor will be eligible for the lottery until full payment is received.
- The Association reserves the right to reject the offer from any company or individual requesting to become an Association Conference Exhibitor.

***** BOOTH COST INFORMATION *****

Commercial Exhibitor (\$850 per booth space) No. _____	\$ _____
Non-profit/state agency (\$425 – limit of one booth)	\$ _____
Dismantling Deposit (refundable – see Terms)	\$ <u>100</u>
Total	\$ _____

METHOD OF PAYMENT:

CHECK No. _____ **MC/VISA:** _____ **Exp. Date:** _____

Billing Zip Code: _____ **Security Code (on back of card):** _____

Authorizing Name: _____

Authorizing Signature: _____

- If paying by check, mail to: NCACC; 215 N. Dawson St.; Raleigh, NC 27603
- If paying by MASTER CARD or VISA, fax to: (919) 733-1065, ATTN: Alisa Cobb