

APPLICATION/CONTRACT FOR EXHIBIT SPACE

Region X VPPPA Conference



May 11-13, 2010 • Sheraton Anchorage Hotel • Anchorage, Alaska

Please Print or Type

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact person: _____ Position/title: _____

Phone: (_____) _____ Ext.: _____ Fax: (_____) _____

E-mail _____

I wish to reserve ___ exhibit space(s). **Exhibits are open on May 12-13, 2010**

One 6' table is complimentary with each booth (tables are draped and skirted and floors are carpeted).

We need electrical power for our booth. (One 500-watt electrical outlet is complimentary with each booth.)

Booth space cannot be confirmed until full payment is received. Upon receipt of full payment, you will be sent a confirmation letter with your booth assignment. Assignment of exhibit space will be on a first-come, first-served basis with the exception that the conference planning committee will assign exhibit space to provide physical separation of competitors who do not wish to be near each other.

Please provide a description of the service/product(s) you will be displaying at this conference: _____

List any vendors you wish (or do not wish) to be adjacent to:

Next to: _____

Away from: _____

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of the exhibitor activities on the Hotel premises and will indemnify, defend, and hold harmless the Hotel, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims. All sponsoring organizations assume no liability for property lost from your exhibit during the conference due to robbery, fire, accident, or any other hazard, without limitation. The conference reserves the right to disallow any display or firm that may not be in keeping with the goals of this conference.

Please return this application and your check to:

VPPPA Conference
PO Box 5640
Salem, OR 97304-0640

FAX: (503) 947-7019
(Federal tax ID: 54-1598954)

Questions? Call the Conference Section at 503-378-3272; e-mail: oregon.conferences@state.or.us

Cost of each exhibit space \$400.00

Amount Enclosed: \$ _____

Make payable to Region X VPPPA Conference (Exhibit Fee is Non-Refundable)

Charge my: Mastercard VISA American Express

Name on card: (print) _____

Phone number: (_____) _____

Exp. date: _____ Security code _____

{ 3 digits on back of Mastercard or VISA
4 digits on front of American Express

Signature: _____

Credit card#:

For your protection, your credit card number will be shredded after processing.

Office use only	
Date Rec.	_____
Amt. Rec.	_____
Check #	_____
PO #	_____
Last 4	_____