

# Exhibit Booth Reservation Contract

NECCD 71<sup>st</sup> Annual Training Institute  
Grand Summit Resort Hotel, Mount Snow, Vermont  
October 3-6, 2010

We wish to reserve \_\_\_\_\_ 6' Exhibit Table(s)

**Return this form with payment to:**

**Grand Summit Resort Hotel**  
89 Grand Summit Way  
West Dover, VT 05356

NECCD Vendor Chair      FEIN 22-2482926  
PO Box 869  
Haverhill, MA 01830

Email: [joday@sdw.state.ma.us](mailto:joday@sdw.state.ma.us) or [neccd.org@gmail.com](mailto:neccd.org@gmail.com)

The vendor exchange is a popular way for conference attendees to learn about programs and equipment, meet practitioners and come away with new information and contacts. The exchange opens with a reception from 5-6:30 on Sunday, October 3<sup>rd</sup> and closes at 12:00 Noon on Tuesday, October 5<sup>th</sup>, 2010. On Monday October 4<sup>th</sup> at noontime, we have a working lunch with exhibitors as well as a late afternoon reception in the exhibit hall from 4:30-6:30. Also, each conference participant is provided an Exhibitor checklist to have stamped by each vendor. This requires all attendees to visit each exhibitor during the Training Institute. The exhibitor registration fee is **only \$800** if you are registered by **August 20<sup>th</sup>**. After August 20<sup>th</sup>, the cost is **\$950**. If you have any questions, you may contact **John McGrimley or Jennifer O'Day** at email above.

**Company Name** \_\_\_\_\_  
**PLEASE PRINT OR TYPE** (Exactly as you want to be listed)

**We will be exhibiting** \_\_\_\_\_  
(Products or services)

**Contact information**  
Designate below the name of the person in your organization who is to receive all relevant exhibition materials, including booth confirmation, exhibitor updates and service kit – **Please type or print clearly**

Company Representative \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Company's Website Address \_\_\_\_\_

**Badge Information**  
Each booth is entitled to two full institute registration badges. Additional badges may be purchased for \$40 each.

1) \_\_\_\_\_  
2) \_\_\_\_\_  
*Name Title*

Additional Badges (\$40 each)

1) \_\_\_\_\_  
2) \_\_\_\_\_  
*Name Title*

It is understood and agreed that NECCD reserves the right to assign exhibitors to locations and hereby assures the exhibitor that NECCD will make every effort to place the exhibitor in the best possible location for the benefit of the exhibitor. However, NECCD reserves the right to make final space assignments and to change, at its sole discretion, any such assignment as it may deem necessary for the betterment of the exhibition. I hereby represent that I am authorized to submit this Booth Reservation contract on behalf of my company; that I have read, understand, and agree on behalf of my company to be bound by the terms of the contract and specifications outlined above and in the attached letter; that the information provided herein is true and that I understand that this Contract is complete only when accepted by NECCD.

Authorized agent for exhibiting company:  
\_\_\_\_\_  
(Signature) (Date)

Registration Fee: (**REFUND POLICY - NO REFUNDS AFTER 9/03/10**) \$ \_\_\_\_\_  
Additional Badges (@ \$40 EACH) \$ \_\_\_\_\_  
Additional Sponsorship Event (i.e. Social Event, Luncheon, Breakfast, Coffee Breaks) \$ \_\_\_\_\_  
Sponsorship Preference: \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

**Credit Card Type (circle): MasterCard / Visa only      Credit Card # \_\_\_\_\_      Exp. Date: \_\_\_\_\_**

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Date Received \_\_\_\_\_ Amount of Payment \_\_\_\_\_ Booth Assignment \_\_\_\_\_

