

NORTH CAROLINA ASSOCIATION OF NURSE ANESTHETISTS

DISTRICT MEETINGS SPONSOR/EXHIBITOR AGREEMENT

January 26, 2008

District I & II Combined Meeting
RADISSON HOTEL, High Point, NC

March 15, 2008

District III & IV Combined Meeting
Embassy Suites Hotel, Concord, NC

EXHIBIT FEE	\$300.00 - one booth; \$500.00 - two booths
SPONSOR FEE	Sponsor a Break - \$500.00 Includes (1) Booth Sponsor a Speaker - \$500.00 includes (1) Booth
INCLUDES	(1) 8' table with 2 chairs
PAYMENT	Payment must be received with application in order to reserve space.
CHARACTER	NCANA reserves the right to decline or prohibit any exhibit or part of exhibit booth activity which in its opinion is unsuitable.
CARE OF BUILDING EQUIPMENT	Exhibitors or their agents shall not injure or deface the walls, floors, carpeting or ceilings of the building or tables provided. When any damages appear, the & exhibitor is liable to the hotel for these damages.
INSTALLATION OF EXHIBITS	Exhibitors may set up their own equipment in the spaces provided early on Saturday morning before the meeting begins.
EXHIBIT HOURS	9:20-9:50 morning break; 11:30-12:40 lunch; 14:20-14:40 afternoon break
REMOVAL OF EXHIBITS	Dismantling of exhibitors materials from booths should begin after the afternoon break or by the close of the meeting. The work and cost of removing exhibit materials from the booths will be borne by the exhibitor. Shipping arrangements must be made in advance.
CANCELLATION OF EXHIBIT SPACE	I understand that cancellation of any exhibit space 30 days before the meeting date will result in a cancellation penalty of 50% to be retained by NCANA for administrative costs. There will be absolutely no refunds two weeks before the meeting.
LIABILITY	NCANA and the hotel will not be responsible for the safety of exhibits from theft, fire, damage, or other causes. The exhibitor hereby assumes responsibility for injury or damages to persons or property from any event originating from or occurring within the exhibit space assigned to the exhibitor.

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EMBASSY SUITES, Concord, NC

Company: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Name of Representative: _____

Additional individuals who will be attending:

Electrical Needs: _____

Door Prize: _____

Sponsor/Exhibitor Fee(s)

- | | |
|---------------------------|---|
| Sponsorships | <input type="checkbox"/> Sponsor Speaker \$ 500.00 _____
<input type="checkbox"/> Sponsor AM Break \$ 500.00 _____
<input type="checkbox"/> Sponsor PM Break \$ 500.00 _____ |
| District Choice | <input type="checkbox"/> ATTENDING DISTRICT I & II
<input type="checkbox"/> ATTENDING DISTRICT III & IV |
| Exhibit | <input type="checkbox"/> One Booth Fee - \$ 300.00 _____
<input type="checkbox"/> Two Booth Fee - \$ 500.00 _____
<input type="checkbox"/> One 110 volt elec. outlet \$ 25.00 _____ |
| Additional Options | <input type="checkbox"/> Brochure Distribution - \$ 200.00 _____ |

Please mail or fax this form along with payment to: TOTAL \$ _____

NCANA

Tax ID # 237445656

605 Poole Drive

Garner, NC 27529

FAX: 919.779.5642

PHONE: 919.779.7881

VISA, MC, or AMEX: Name on Card _____

Exp: _____ CC #: _____

STATEMENT BILLING ADDRESS: _____

For office use only : Check # _____ Date Rec'd _____ Amount _____