



# Exhibit Booth Reservation Contract

NECCD 80<sup>th</sup> Annual Training Institute

Crowne Plaza Hotel, Warwick, RI

October 20-23, 2019

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

**Crowne Plaza Hotel**

22-2482926

801 Greenwich Avenue

Warwick, RI

**Return this form with**

NECCD Vendor Chair

FEIN

PO Box 378

Seekonk, MA 02771-0378

Email: [joday@sdw.state.ma.us](mailto:joday@sdw.state.ma.us) or

[john.mcgrimley@jud.state.ma.us](mailto:john.mcgrimley@jud.state.ma.us)

The Exhibitor Venue is a popular way for conference attendees to learn about programs and equipment, meet practitioners and come away with new information and contacts. The Exhibitor Venue opens with a reception from 5- 6:30 on Sunday, October 20th and closes at 10:00 AM on Tuesday, October 22, 2019. On Monday October 21st 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 a "BINGO Card" to have stamped by each vendor. This requires all attendees to visit each exhibitor during the Training Institute. The exhibitor registration fee is **only \$900** if you are registered by **September 15th**. After September 15<sup>th</sup>, the cost is **\$1050.00**. If you have any questions, you may contact **Jennifer O'Day** or **John McGrimley** 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*

Additional Badges (\$40 each)

1) \_\_\_\_\_

2) \_\_\_\_\_

*Title*

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)**

\$ \_\_\_\_\_

Additional Badges (@ \$40 EACH)

\$ \_\_\_\_\_

Additional Sponsorship Event (i.e. Social Event, Award Lunch, Continental/Member Breakfast) \$ \_\_\_\_\_

Sponsorship Preference: \_\_\_\_\_ **TOTAL ENCLOSED:** \$ \_\_\_\_\_

**Credit Card Type: AMEX / MasterCard / Visa only**

Exp. Date:

\_\_\_\_\_  
(circle one)

Credit Card #

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