



Exhibit Booth Reservation Contract

NECCD 85th Annual Training Institute

South Portland, Maine

November 3-6, 2024

We wish to reserve _____ 6' Exhibit Table(s)

Double Tree by Hilton

363 Maine Mall Rd.

South Portland, ME

Return this form with payment to:

NECCD Vendor Chair FEIN 22-2482926

733 Turnpike St., #175

North Andover, MA 01845

Email: neccdboard@gmail.com

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, November 3rd and closes at 11:00 AM on Tuesday, November 6th, 2024. On Monday November 4th 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 \$1100** if you are registered by **October 4th**. After October 4th, the cost is **\$1250.00**. **If you have any questions, you may contact Jennifer O'Day at joday@sdw.state.ma.us or John McGrimley at jackmcgrimley@gmail.com.**

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)** \$ _____

Additional Badges (@ \$40 EACH) \$ _____

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

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

Please Mail Checks to NECCD, 733 Turnpike St., #175, North Andover, MA 01845

Credit Card Payments will require a 2.9% processing fee, and may be completed online www.betterunite.com/neccd click DONATE

Date Received _____ Amount of Payment _____ Booth Assignment _____