



Exhibit Booth Reservation Contract

NECCD 86th Annual Training Institute

North Conway, New Hampshire

October 26-29, 2025

We wish to reserve ____ 6' Exhibit Table(s)
North Conway Grand Hotel
72 Common Court
North Conway, NH 03860

Return this form with payment to:
NECCD Vendor Chair FEIN 22-2482926
1328 Hooksett Rd, STE 45, PO Box 16325
Hooksett, NH 03106

The Exhibitor Showcase is a popular way for conference attendees to learn about programs and equipment, meet practitioners, and leave with new information and contacts. The Exhibitor Showcase opens with a reception from 5- 7 PM on Sunday, October 26th, and closes at 11:00 AM on Tuesday, October 28th. On Monday, October 27th, we will have a working lunch with exhibitors and a reception in the exhibit hall from 4:30-6:30 PM. Also, conference participants are provided a "BINGO Card" to have stamped by each vendor before being submitted for raffles. This requires attendees to visit each exhibitor during the Training Institute to be eligible for raffle drawings. The exhibitor registration fee is **only \$1000** if you register by **September 27th**. After this date, the cost is **\$1150.00**. The registration fee for non-profit exhibitors (verification must be provided) is **only \$750** before **September 27th** and **\$900** after this date. **If you have any questions, please email us directly at neccboard@gmail.com or contact one of our vendor co-chairs, Jen O'Day, joday@sdw.state.ma.us and Jack McGrimley, 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 company or organization who will 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, assuring the exhibitor that NECCD will make every effort to place the exhibitor in the best possible location to benefit 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 agreement and specifications outlined above and in the attached letter; that the information provided herein is accurate and that I understand that this Contract is complete only when the fee is paid in full and 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, Awards Lunch, Continental/Member Breakfast)

\$ _____

Sponsorship Preference: _____

TOTAL ENCLOSED: \$ _____

Please Mail Checks with this form to NECCD, 1328 Hooksett Rd, STE 45, PO Box 16325, Hooksett, NH 03106

To Pay: go to www.betterunite.com/neccd