

NHHCA Annual Conference and Trade Show - September 18, 2019

EXHIBITOR REGISTRATION

1. EXHIBITING COMPANY INFORMATION

Print or type information as it should appear on all signs and printed material.

Company Name:

Company Address:

Company Phone:

Company Fax:

Company Website:

Company Description (Brief, 20 words or less, description of products and/or service. Description will appear in the convention program. Must be registered by September 8th for information to appear in program. If longer than 20 words, only the first 20 will appear in the program.):

2. CONTACT PERSON INFORMATION

*Please fill out the following section for the main contact person responsible for coordinating all of the logistics regarding the NHHCA trade show. The exhibitor kit, including shipping forms and instructions will be mailed to this person. **E-mail address is required.***

First Name:

Last Name:

Title:

Address:

Phone:

Fax:

E-mail:

☐ **Contact Person Above Will be Attending the event**

3. REPRESENTATIVE(S) STAFFING BOOTH - *E-mail address is required.*

Any additional (over 4) Representatives should be paid for (see next page)

1) **First Name:**

Last Name:

Title:

E-mail:

2) **First Name:**

Last Name:

Title:

E-mail:

3) **First Name:**

Last Name:

Title:

E-mail:

4) **First Name:**

Last Name:

Title:

E-mail:

All contracts and payments must be received by NHHCA no later than August 30, 2019.

If you have any questions, please contact the NHHCA Office at (603)226-4900 or by e-mail at events@nhhca.org.

NHHCA ~ 5 Sheep Davis Road, Suite E, Pembroke, NH 03275 ~ (603)226-4900 ~ Fax (603)226-3376

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4. BOOTH FEES

NHHCA Members

Single Booth: \$650 Qty: _____

Double Booth: \$1100 Qty: _____

NHHCA Non-Members

Single Booth: \$900 Qty: _____

Double Booth: \$1650 Qty: _____

Extras Internet: \$50 Per Booth ☐ Additional Representatives (over 4): \$30 Per Person Qty: _____

Please indicate if there are any companies you wish not to be placed next to:

Booth location is assigned on a first come, first serve basis according to the date the contract and payment are received. Business Members of the NHHCA and sponsors of the NHHCA Fall Conference and Trade Show will receive priority booth space.

6. SPONSORSHIP

Please select your level of sponsorship:

☐ Trade Show (1) \$7,500

☐ Opening Keynote (1) \$ 5,000

☐ Trade Show Bag (1) \$2,000

☐ Lunch (2) \$1,500

☐ Registration Sponsor (1) \$1,500

☐ Wi-Fi Sponsor (1) \$1,500

☐ Water Sponsor (1) \$1,000

☐ Breakfast (2) \$1,000

☐ Name Badge (1) \$1000

☐ Breakouts (12) \$500

☐ Leaflet Sponsor (8) \$100

☐ Other Sponsor _____

7. PAYMENT

Make checks payable to: NHHCA. Mail payment to: NHHCA, 5 Sheep Davis Road, Suite E, Pembroke, NH 03275

Total Cost: \$ _____

Method of Payment: ☐ Credit Card ☐ Check ☐ Cash

Credit Card: ☐ Master Card ☐ Visa ☐ American Express ☐ Discover

Card Number: _____

Expiration Date: _____

Card Holder's Name: _____

Signature: _____

CANCELLATION: NHHCA must receive full payment on or before September 1, 2018 in order for you to exhibit. Payments Registration may be cancelled with written notice received by the NHHCA no later than 60 days prior to the trade show minus a \$25 administrative fee. Any cancellation made after 30 days prior to the event will not receive a refund.

8. SIGNATURE

By signing this contract, you verify you have read and agree to abide by the rules and stipulations set forth.

Please Print Name: _____

Authorized Signature and Date: _____

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