

# NHHCA Annual Conference and Trade Show - September 20, 2017

## 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 8<sup>th</sup> 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.*

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:**

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

*All contracts and payments must be received by NHHCA no later than September 4, 2017.*

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

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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:** \$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:** \_\_\_\_\_

### 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:** \_\_\_\_\_

**CANCELLATION:** NHHCA must receive full payment on or before September 1, 2017 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.

*All contracts and payments must be received by NHHCA no later than September 1, 2017.*

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