# APPLICATION/CONTRACT FOR EXHIBIT SPACE

# Region X VPPPA Conference

## May 15-17, 2012 • Boise Centre • Boise, Idaho

**Please Print or Type**

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact person: _____ Position/title: _____

Phone: ( _____ ) _____ Ext.: _____ Fax: ( _____ ) _____

E-mail _____

I wish to reserve ___ exhibit space(s). **Exhibits are open on May 16 & 17, 2012**

*One 8' table is complimentary with each booth (tables are draped and skirted and floors are carpeted).*

☐ We need electrical power for our booth. (One 500-watt electrical outlet is complimentary with each booth.)

Booth space cannot be confirmed until full payment is received. Upon receipt of full payment, a confirmation e-mail is sent with your booth assignment. Assignment of exhibit space is on a first-come, first-served basis with the exception that the conference planning committee assigns exhibit space to provide physical separation of competitors who do not wish to be near each other.

Please provide a description of the service/product(s) you are displaying at this conference: _____

_____

_____

List any vendors you wish (or do not wish) to be adjacent to:

**Next to:** _____

**Away from:** _____

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of the exhibitor activities on the Boise Centre premises and indemnifies, defends, and holds harmless the Centre, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims. All sponsoring organizations assume no liability for property lost from your exhibit during the conference due to robbery, fire, accident, or any other hazard, without limitation. The conference reserves the right to disallow any display or firm that may not be in keeping with the goals of this conference.

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**Please return this application and your check to:**

VPPPA Conference
PO Box 5640
Salem, OR 97304-0640

**FAX: 503-947-7019**
**(Federal tax ID: 54-1598954)**

***Questions?*** *Call the Conference Section at* **503-378-3272**; **or** *e-mail:* **oregon.conferences@state.or.us**

**Cost of each exhibit space ..... $400.00**

**Amount Enclosed: $_____**

*Make payable to Region X VPPPA Conference (Exhibit Fee is Non-Refundable)*

**Office use only**

Date Rec. _____

Amt. Rec. _____

Check # _____

PO # _____

Last 4 _____

Charge my: ❑ Mastercard ❑ VISA ❑ American Express

Name on card: (*print*) _____

Phone number: (_____) _____

Exp. date: _____ Security code _____ { *3 digits on back of Mastercard or VISA; 4 digits on from of American Express*

Signature: _____

Credit card#: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

*For your protection, your credit card number will be shredded after processing.*