

EXHIBITOR APPLICATION & AGREEMENT for 2022 NCS-ACOFP Annual CME Conference

PLEASE PRINT OR TYPE

Enter Name of Contact to Receive Exhibit-Related Correspondence:

Company Name: _____ Website: _____

Contact Person: _____ Title: _____

Mailing Address: _____

Work Phone: _____

E-mail address: _____

Enter Information for Program Listing (If same as above disregard. If different, complete info below)

Company Name: _____

Website: _____

Contact Person: _____

Title: _____

E-mail: _____

Enter Name(s) of Booth Representative(s)

Name: _____

Email Address: _____

Name: _____

Email Address: _____

Access to Electricity Needed? Yes ___ No ___

By submitting this information and payment, I am agreeing to abide by all regulations, terms, and conditions set forth in the Exhibitor Agreement.

Signature _____ Title _____

Date _____

Select Fee Amount

Exhibitor Space Only: \$300

Break Sponsor: \$500

Reception Sponsor on Friday: \$1,500 (reception for all attendees)

Reception Sponsor on Saturday: \$1,000 (reception for students)

Breakfast Sponsor on Saturday: \$2,000.

Lunch Sponsor on Friday: \$2,500 **Spot has been requested.**

TOTAL \$ _____

Method and Payment Information

- 1) To pay by credit card on-line, follow the instructions on the NCS-ACOFP website.
- 2) To pay by check, make payable to NCS-ACOFP, mail to Nancy Guy, NCS-ACOFP Director at PO Box 662, Lillington NC 27546. Enclose a copy of this completed form.

Questions can be directed to Nancy Guy at director@nc-acofp.org