

MAINE CHIROPRACTIC ASSOCIATION SPRING 2017 CONVENTION & EXHIBITION

May 5-7, 2017 • Samoset Resort • Rockport, ME

Set Up: Friday, 2-6p

Exhibit Times: Saturday - 8a-6p
Sunday, 8a-12p

Tear Down: Sunday, 12p

EXHIBITOR CONTRACT

This contract must be received along with your \$100 deposit in order to confirm your booth assignment. Deposits are non-refundable and non-transferable. The balance is due by April 1, 2017 Balances not received by the due date will be charged to the credit card pro-

Company Name (to be printed on conference materials) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Contact Name and Title _____

Brief description of products/services to be exhibited _____

Name(s) to be listed on badges: _____

Please indicate your booth space preference(s)

1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____

List any companies/products you do not wish to have in close proximity, (this may affect your booth choice) _____

BOOTH FEE: \$500, includes standard draped table, participation in exhibitor game, and listing in convention program

ELECTRICITY: \$40/outlet - Indicate # of outlets needed: _____

A La Carte Options

- Paper Insert in registration bags (\$150)
- Donate doorprize/silent auction item (please describe) _____
- Sponsor a speaker/event at the convention _____

PAYMENT INFORMATION:

Amount to be charged: \$ _____

Method of Payment: Check (payable to Maine Chiropractic Association) Check # _____

Credit Card # _____ Exp. _____ CVV _____

CANCELLATION POLICY: Cancellations must be made in writing to the MCA prior to April 1, 2017. **If cancellation is received after that date, exhibitor is liable for the full payment and the balance due will be charged to the credit card provided.**

We, the undersigned agree to abide by all regulations and restrictions outlined on both sides of this contract. (Please sign both sides.)

Authorized Signature _____ Date _____

Maine Chiropractic Association
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lisalovesmith.csi@yahoo.com

Amount \$ _____ Check (payable to MCA): Check # _____

Credit Card # _____ Exp. _____ CVV _____

Email receipt to: _____