

# MAINE CHIROPRACTIC ASSOCIATION FALL 2017 CONVENTION & EXHIBITION

October 21-22 • Double Tree Hilton • Portland, ME

Set Up: Friday, 2-6p

Exhibit Times: Saturday - 8a-6:30p  
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 October 1, 2017 Balances not received by the due date will be charged to the credit card

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: \_\_\_\_\_

**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 October 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**  
416 W. Ionia • Lansing, MI 48933  
(517) 652-9755 • FAX (517) 367-2228  
lisalovesmith.csi@yahoo.com

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

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Email receipt to: \_\_\_\_\_