



Exhibitor Contract/Registration Form

NATIONAL INDIAN COUNCIL ON AGING

2014 BIENNIAL CONFERENCE SEPTEMBER 3 – 6, 2014

SHERATON PHOENIX DOWNTOWN, PHOENIX, AZ

PLEASE TYPE OR PRINT CLEARLY

EXHIBITOR INFORMATION

Contact Person: _____ Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Badge Name 1: _____ Badge Name 2: _____
(We must have names when you submit contract)

Address: _____ City: _____

State: _____ Zip: _____ Tribe/Organization: _____

Email _____

COVENANT

Application and acceptance of the application constitutes a contract to use the space assigned by the National Indian Council on Aging, Inc. (NICOA). NICOA retains the right to assign and/or change exhibit locations for unavoidable problems due to circumstances beyond the control of the parties involved. NICOA reserves the right to refuse exhibit space to any applicants whose exhibit is deemed not to be in the best interest of the Organization. The Exhibitor indemnifies and agrees to hold harmless NICOA and the Sheraton Phoenix Downtown, their officers, directors, employees, and agents from and against any actions, losses, costs, damages, claims, and expenses (including attorney's fees) arising from any damage to property or bodily injury to Exhibitor, his agents, representatives, employees by reason of the Exhibitor's occupancy or use of exhibition facilities. Exhibitor agrees not to deface or damage the Sheraton Phoenix Downtown property. In accordance with these rules and regulations governing exhibits for the 2014 Conference, September 2 – 6, 2014, the undersigned makes application for exhibit space and encloses the full fee for each space requested. Sale of food items is prohibited

SIGNATURE: _____ DATE: _____

PLEASE NOTE	EXHIBITOR SCHEDULE		
When signed Exhibitor Contract and PAYMENT is received, you will receive your packet from NICOA's Conference Coordinator. This packet will include information on shipping, ordering of electricity, etc. Convention expenses are used to defray NICOA operating cost. Therefore, it is NICOA's policy NOT TO REFUND Exhibitor Contract fees for any reason including cancellation. Do not mail forms after July 31, 2014. Faxed copies of form and/or payment do not constitute payment. You will receive a confirmation of registration.	Move-In/Set-Up:	10:00am – 8:00pm	Tue, Sept 2, 2014
	Exhibit Hours:	7:00am – 8:00pm	Wed, Sept 3, 2014
	Exhibit Hours:	7:00am – 8:00pm	Thurs, Sept 4, 2014
	Exhibit Hours:	7:00am – 8:00pm	Fri, Sept 5, 2014
	Exhibit Hours:	7:00am – 3:00pm	Sat, Sept 6, 2014
	Move Out:	3:00pm – 5:00pm	Sat, Sept 6, 2014

PLEASE CHECK EXHIBITOR CATEGORY

- _____ \$400 American Indian Merchandise & Arts & Crafts
- _____ \$600 Non-Profit Organization
- _____ \$800 Corporate / For Profit Entities
- _____ \$500 Tribe / Tribal Enterprise
- _____ \$700 Government / Federal Agency

Exhibitor registration fee includes use of one exhibit sign, a 10 x 10 area, a table, two chairs, and two conference registrations providing access to any activities or meals furnished on site for the two (2) designated people exhibiting.

WHERE TO SEND THIS FORM AND PAYMENT BEFORE DEADLINE OF JUNE 30, 2014

PLEASE SEND FORM AND PAYMENT TO:
FAX or EMAIL Exhibitor Form and Credit Card Form
info@nicoa.org
National Indian Council on Aging, Inc.
Attn: 2014 NICOA Conference
10501 Montgomery Blvd. NE, Suite 210
Albuquerque, NM 87111

FOR INFORMATION CONTACT:
Randella Bluehouse
Phone: (505) 292-2001
Fax: (505) 292-2001
Email: info@nicoa.org

Received by: _____ Date: _____ Payment Received: \$ _____

Check Number: _____ Notes: _____

All funds received in connection with the 2014 Conference will be used to offset conference cost and further the mission of NICOA.