



Exhibitor Contract/Registration Form

2016 CONFERENCE ON AGING SEPTEMBER 13 – 15, 2016

Conference & Event Center Niagara Falls

EXHIBITOR INFORMATION

PLEASE TYPE OR PRINT CLEARLY

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 Conference & Event Center Niagara Falls, 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 Conference & Event Center, Niagara Falls property. In accordance with these rules and regulations governing exhibits for the 2016 Conference, September 13-15, 2016, 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 and additional costs for 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 August 31, 2016. Faxed copies of form and/or payment do not constitute payment. You will receive a confirmation of registration.	Move-In/Set-Up:	8:00am – 10:00am	Mon, Sept 12, 2016
	Exhibit Hours:	10:00am – 8:00pm	Mon, Sept 12, 2016
	Exhibit Hours:	8:00am – 8:00pm	Tue, Sept 13, 2016
	Exhibit Hours:	8:00am – 5:00pm	Wed, Sept 14, 2016
	Exhibit Hours:	8:00am – 5:00pm	Thu, Sept 15, 2016
	Move Out:	5:00pm – 8:00pm	Thu, Sept 15, 2016

PLEASE CHECK EXHIBITOR CATEGORY

- | | |
|---|--|
| <input type="checkbox"/> \$400 American Indian Artisans & Merchants
<input type="checkbox"/> \$600 Non-Profit Organization
<input type="checkbox"/> \$800 Corporate / For Profit Entities | <input type="checkbox"/> \$500 Tribe / Tribal Enterprise
<input type="checkbox"/> \$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. Please consider donating an item of \$25 or more to our Silent Auction.

WHERE TO SEND THIS FORM AND PAYMENT BEFORE DEADLINE OF AUGUST 1, 2016

PLEASE SEND FORM AND PAYMENT TO:

FAX or EMAIL Exhibitor Form and Credit Card Form
carchibald@nicoa.org
 National Indian Council on Aging, Inc.
 Attn: 2016 NICOA Conference
 10501 Montgomery Blvd. NE, Suite 210
 Albuquerque, NM 87111

FOR INFORMATION CONTACT:

Cheryl Archibald
 Phone: (505) 292-2001
 Fax: (505) 292-2001
 Email: carchibald@nicoa.org

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

Check Number: _____ **Notes:** _____

All funds received in connection with the 2016 Conference will be used to offset conference cost and further the mission of NICOA.