

Exhibitor Contract/Registration Form

2018 CONFERENCE ON AGING SEPTEMBER 10 – 13, 2018

Pechanga Resort & Casino, Temecula, CA

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

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 Pechanga Resort & Casino, 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/her agents, representatives, employees by reason of the Exhibitor's occupancy or use of exhibition facilities. Exhibitor agrees not to deface or damage the Pechanga Resort & Casino property. In accordance with these rules and regulations governing exhibits for the 2018 Conference, September 10-13, 2018, 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

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's operating costs. Therefore, it is NICOA's policy **NOT TO REFUND** Exhibitor Contract fees for any reason including cancellation. Do not mail forms after August 31, 2018. Faxed copies of form and/or payment do not constitute payment. You will receive a confirmation of registration by email.

EXHIBITOR SCHEDULE

Move-In/Set-Up:	12:00pm – 5:00pm	Sun, Sept 09, 2018
Exhibit Hours:	10:00am – 8:00pm	Mon, Sept 10, 2018
Exhibit Hours:	8:00am – 8:00pm	Tue, Sept 11, 2018
Exhibit Hours:	8:00am – 5:00pm	Wed, Sept 12, 2018
Exhibit Hours:	8:00am – 5:00pm	Thu, Sept 13, 2018
Move Out:	5:00pm – 8:00pm	Thu, Sept 13, 2018

PLEASE CHECK EXHIBITOR CATEGORY

- \$400 American Indian Artisans & Merchants
 \$700 Non-Profit Organization
 \$800 Government / Federal Agency / Tribal Government
 \$1,000 Corporate / For Profit Entities

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.

PLEASE SEND FORM AND PAYMENT BY AUGUST 10, 2018 TO:

National Indian Council on Aging, Inc.
Attn: 2018 NICOA Conference
8500 Menaul Blvd. NE, Suite B-470
Albuquerque, NM 87112-2284

FOR INFORMATION CONTACT:

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

NICOA USE ONLY:

Rec'd by: _____ To Finance: _____ Growth Zone DBS Entry: _____
 Date: _____ Amount: \$ _____ Booth #: _____
 Check #: _____