

VPPPA Region I Expo

The Region I Exhibit Hall will be held in conjunction with Region I, VPPPA Conference & Workshops on Monday, June 14 through Wednesday, June 16, 2010.

**Please send payment and registration forms to the National VPPPA.
(See Payment section on page 2 for details)**

Conference & Exhibit Hall Location:

Sugarloaf Resort
5092 Access Road
Carrabassett Valley, ME. 04947
Phone: 207-237-2000
Fax: 207-237-3768

Exhibit Hours: Monday, June 14 from 5:00 PM to 6:00 PM (social hour reception)
Tuesday, June 15 from 7:00 AM to 3:00 PM, & 6:00PM to 8:00PM (Vendor social)
Wednesday, June 16 from 7:00 AM to 10:00 AM

Booth Assignment: Exhibit tables will be in the space provided by Sugarloaf Resort near the conference area. Booths are assigned onsite, upon availability on a first come, first serve basis. Sub-leasing of assigned space is not allowed. VPPPA Region 1 Chapter reserves the right to alter space if it deems necessary in the best interests of the exhibition. VPPPA Region I Chapter will make every effort to consult with exhibitors in these matters.

Set-up Time: Monday, June 14 from 9:00 AM to 5:00 PM
Tuesday, June 15 from 6:00 AM to 7:00 AM
All set-ups must be completed prior to the conference opening at 7:00 AM on June 14th.

Tear Down Time: Exhibitor equipment should be removed from the premises by 5:00 PM on June 16.

Services: No additional equipment such as A/V services or telephone connections will be provided. Electrical power may be available depending on location in the exhibit area. VPPPA Region I Chapter will make every reasonable effort to accommodate your needs.

Once you have submitted your contract with payment a confirmation will be e-mailed to you from the VPPPA.

The cost for one Booth is \$400.00. For that price, you will receive:

- ❖ 30"x 96" draped table with chairs.
- ❖ Invitation for ONE person per booth purchased to all conference related activities.
- ❖ Invitation for ONE person per booth to all conference entertainment.
- ❖ Additional Booth Personnel may register at \$175.00 each.
- ❖ All registered Booth Personnel are invited to conference sponsored meal functions.

Following the conference each Exhibiting company will receive a list of names, telephone numbers and addresses for all conference attendees. (Within 4 weeks)

SUGARLOAF HOTEL RULES AND PACKAGE SHIPMENT:

The exhibitor agrees to confirm to the Sugarloaf Hotel rules. The hotel will accept shipment or storage of items prior to the conference. Packages shipped to the hotel must be labeled with the recipient's arrival date, group affiliation and the words VPPPA Region 1 Conference. Addressed to:

**Sugarloaf Resort Hotel
5092 Access Road
Carrabassett Valley, ME. 04947**

Packages shipped and stored at the Hotel are subject to a \$5.00 per package fee. All costs involving shipping and storage are the responsibility of the exhibitor. The exhibitor will assume total responsibility for the arrival and receipt of their materials and VPPPA Region I Chapter will not assume accountability. If conference materials do not arrive on time for the conference the conference fee is not refundable.

HOTEL RESERVATIONS:

Hotel and airline costs are not included. It is the responsibility of the exhibitor to make hotel and travel arrangements. To make reservations at the Sugarloaf Resort, please call directly to **800-843-5623** and refer to the **VPPPA** conference to secure the preferred rate.

HOLD HARMLESS/RESPONSIBILITY CLAUSES:

Exhibitors shall indemnify and hold harmless VPPPA Region I Chapter and Sugarloaf Hotel and its service agents from all liability (damage or accident) which might ensue from any cause resulting or connected with transportation, placing, removing or display of exhibits.

Exhibitors shall indemnify and hold harmless VPPPA Region I Chapter, Sugarloaf Hotel and their respective employees, board of directors, membership and agents against any claim or expenses arising out of the use of the exhibition premises.

CANCELLATION POLICY:

Exhibit booth space cancellations are non-refundable. The VPPPA Region I Chapter reserves the right to cancel the conference, the exhibition or any part thereof with no further liability to the exhibitor other than a refund of exhibit fees, less a proportionate share of the exposition cost incurred due to cancellation of the conference due to any circumstances beyond the control of VPPPA Region I Chapter or Sugarloaf Hotel.

NOTES:

VPPPA Region I Chapter may, at its discretion, make reasonable changes, amendments or additions to the terms and conditions of this contract. Any such changes shall be binding on the exhibitor. The ruling of the VPPPA Board of Directors shall be final in all instances with regard to exhibit space.

Direct sales from the exhibit floor are permitted; however, the exhibitor is responsible for any federal, state or local tax that may be required to be collected or withheld on any purchase. Competitive events that distract from the conference or exhibition are prohibited.

PAYMENT:

-For checks (payable to VPPPA), mail your registration form and payment to:

Regular mail:	Express mail (requiring street address):
VPPPA	VPPPA
PO Box 631761	7600-E Leesburg Pike, Suite 440
Baltimore, MD 21263-1761	Falls Church, VA 22043-2004

-For credit cards (24 hours a day), fax this registration and credit card payment to: (703) 761-2194 or (703) 761-1148.

-Registration questions: contact the VPPPA at (703) 761-1146 or e-mail: Register@vpppa.org

-Exhibit questions: Region I conference contact, **Mike Avery** at (413) 526-5267 or via e-mail

For official use only.
Date received:
Date processed:

2010 Annual Region I Chapter VPPPA Contract For Exhibit Space

Sugarloaf Resort
5092 Access Road
Carrabassett Valley, ME. 04947
Phone: 207-237-2000
Fax: 207-237-3768

Cutoff date: May 15, 2010

Companies Exhibit Coordinator Contact Information

*Prefix Dr. Miss. Mr. Mrs. Ms. Rev. The Honorable

*First Name: _____ *Last Name: _____ Designation _____

Badge Nick Name: _____ *Title: _____

*E-mail: _____

*Company: _____

(Business address only)

*Street Address/P.O. Box: _____ *City: _____ *State: _____ *Zip: _____

*Telephone: _____ Fax: _____

*VPPPA Affiliate Member? Yes No, but I would like to receive more information No

\$400.00 Exhibitor Booth (includes one person)

If Exhibit Booth Personnel is not the same as Exhibit Coordinator Contact listed above, please complete the Booth Personnel Registration Form on next page.

Same as above

Number of Additional Booth Personnel _____ x \$175.00 = _____

Payment:

\$_____ Total payment

Tax ID: #54-1598954

(Registrations without a method of payment will not be processed)

American Express MasterCard Visa Check #: _____ (Payable to VPPPA)

Card #: _____ Expiration Date: _____

Card holder's name: _____

Please sign and date on the line below.

Signature: _____ Date: _____

By submitting this contract, I have read and agreed to the terms and conditions of this contract for exhibit space and services at the 2010 Annual Region I Chapter Voluntary Protection Programs Participants' Association (VPPPA) Conference to be held at Sugarloaf, ME. on June 14-16, 2010.

Product Category:

Please write a brief description of your company, products and services in the space provided below:

Additional Exhibit Booth Personnel Registration Form

BADGES: For badge purposes, please list Exhibit Booth Personnel, as they want their name to appear on the badges. If you require Additional Booth Personnel there is a charge of \$175.00 per person. Booth Personnel Substitutions may be made prior to **May 15, 2010**. Exhibit booth space cancellations are non-refundable. The VPPPA reserves the right to cancel the conference, the exhibition or any part thereof with no further liability to the exhibitor other than a refund of exhibit fees, less a proportionate share of the exposition cost incurred due to cancellation of the conference due to any circumstances beyond the control of VPPPA or Sugarloaf Hotel.

Complimentary Booth Personnel: *Primary exhibitor- Please complete only if the Exhibit Booth Personnel is the same as the Exhibit Coordinator Contact. If not, please complete the Additional Booth Personnel.*

*Prefix Dr. Miss. Mr. Mrs. Ms. Rev. The Honorable
*First Name: _____ *Last Name: _____ Designation _____
Badge Nick Name: _____ *Title: _____
*E-mail: _____

*Prefix Dr. Miss. Mr. Mrs. Ms. Rev. The Honorable
*First Name: _____ *Last Name: _____ Designation _____
Badge Nick Name: _____ *Title: _____
*E-mail: _____

Additional Booth Personnel: \$175.00 Additional Booth Personnel*

*Prefix Dr. Miss. Mr. Mrs. Ms. Rev. The Honorable
*First Name: _____ *Last Name: _____ Designation _____
Badge Nick Name: _____ *Title: _____
*E-mail: _____

Additional Booth Personnel: \$175.00 Additional Booth Personnel*

*Prefix Dr. Miss. Mr. Mrs. Ms. Rev. The Honorable
*First Name: _____ *Last Name: _____ Designation _____
Badge Nick Name: _____ *Title: _____
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Additional Booth Personnel: \$175.00 Additional Booth Personnel*

*Prefix Dr. Miss. Mr. Mrs. Ms. Rev. The Honorable
*First Name: _____ *Last Name: _____ Designation _____
Badge Nick Name: _____ *Title: _____
*E-mail: _____

Additional Booth Personnel: \$175.00 Additional Booth Personnel*

*Prefix Dr. Miss. Mr. Mrs. Ms. Rev. The Honorable
*First Name: _____ *Last Name: _____ Designation _____
Badge Nick Name: _____ *Title: _____
*E-mail: _____

**Costs for Additional Booth Personnel will be applied to the credit card information provided on the contract for Exhibit space. If checks are preferred, please submit payment with this form. Registrations are not processed without payment.*