

2010 NC Pretreatment Consortium Annual Conference Exhibitor/Vendor Registration Form

Please complete the Vendor Registration Form to register for the 2010 North Carolina Pretreatment Annual Conference. Please refer to the Exhibitor/Vendor Information Sheet for conference details. Contact JoEllen Gay (252) 399-2499, Tim Downs (704) 336-5042 or Frank Skee at (336) 883-3090 for assistance in completing this form. Regular registration forms are due **September 17, 2010**.

Company Name: _____

Company Address: _____
_____ (State) _____ (Zip) _____

Company Phone: (____) _____ Fax: (____) _____

Company e-mail: _____

Contact Name (Please Print): _____

Title: _____

Phone: (____) _____

Fax: (____) _____

E-mail: (____) _____

List of Attendees (Print Names):

1. _____
2. _____
3. _____
4. _____

Exhibitor/Vendor Registration Fees

\$425.00 - Exhibitors Space

(1-Exhibitor, 6'skirted table (*8' available by request*) - includes door prize, electrical outlet)

\$100.00 - 2nd Exhibitor and/or per additional exhibitor

\$100.00 - Late registration fee if not postmarked by **September 17, 2010**.

Luncheon guests welcome for additional fee per guest as follows:

\$10.00 per Adult **\$ 7.50** per Child (age 5 - 12)

Children under 5 admitted free

Exhibitor/Vendor Sponsorship (voluntary)

\$400.00 Gold Package – Full-page color ad*, sponsorship recognition during conference reception, company name displayed as gold sponsor.

\$250.00 Silver Package – Half page black and white ad*, sponsorship recognition during general session, company name displayed as silver sponsor.

\$150.00 Bronze Package – Sponsorship recognition during general session, company name displayed as bronze sponsor.

Please indicate the total number of requested exhibitor/vendor spaces, additional exhibitors, and sponsorship packages desired. Note: multiple exhibitor spaces, additional exhibitors, and sponsorship packages may be requested.

**Gold and Silver Sponsors may provide a company ad to be used in attendee booklet.*

Over - Please complete reverse side

_____	X	\$425.00 Exhibitors Space	=	\$ _____
_____	X	\$100.00 per Additional Exhibitor(s)	=	\$ _____
_____	X	\$100.00 Late Registration	=	\$ _____
_____	X	\$400.00 Gold Package Sponsorship	=	\$ _____
_____	X	\$250.00 Silver Package Sponsorship	=	\$ _____
_____	X	\$150.00 Bronze Package Sponsorship	=	\$ _____
<u>Luncheon guests</u>				
_____	X	\$10.00 per Adult	=	\$ _____
_____	X	\$ 7.50 per Child (age 5-12)	=	\$ _____
_____	X	Children under 5 admitted free	=	\$ _____
				<u><u>=====</u></u>
TOTAL \$				_____

Will you require electrical needs/power supply? (120 volt, single phase, 60 hertz) YES / NO
Will you reserve a room(s) at the Sheraton Hotel? YES / NO

If yes, how many room nights will you reserve for yourself and others from your company?
(ex. 2 Room(s) reserved Sunday night and Monday night = 4 room nights) _____

Will contact credit hours be needed for certifications or credits? YES / NO
If yes, please enter participant's name and social security number below:

All Exhibitor/Vendor(s) contact information will be listed alphabetically in the conference notebooks. Please complete the contact information as you would like it to appear in the conference notebooks, if different from the primary contact information on the front of this form. (Please print)

Company Name: _____

Company Address: _____

Contact Name: _____

Contact Phone: (____) _____

Contact Fax: (____) _____

Contact E-mail: _____

STATEMENT

In completing the NC Pretreatment Consortium Annual Conference Exhibitor/Vendor Registration Form and with my signature below, I (Print Name) _____, representing (Print Company Name) _____, agree to the conditions of the 2010 North Carolina Pretreatment Consortium Annual Conference Vendor Exhibit Rules and Regulations.

Signature: _____ Date: _____

Thank you for completing the NC Pretreatment Annual Conference Vendor Registration Form. The NC Pretreatment Consortium is looking forward to seeing your company at the 2010 NC Pretreatment Consortium Annual Conference to learn more about your products and services.



Please make check payable to: **NC Pretreatment Consortium**

Mail payment and completed registration form to:

**NC Pretreatment Consortium
Attn: Vendor Sub-Committee
P.O. Box 40117
Raleigh, NC 27629-0117**

- Vendor Registration Forms are **due September 17, 2010**. Forms postmarked after September 17, 2010 will be required to pay a \$100.00 late registration fee in addition to the regular registration fees. Vendor sponsorships received after **September 20, 2010** may not be eligible to be listed in the conference notebook or displayed on a vendor sponsorship sign due to printing deadlines.
- Reservations to the Sheraton may be made online at www.sheratonatlanticbeach.com. The code is NCPC2010. You may also call 1-800-624-8875. Please make sure to mention the NC Pretreatment Consortium to receive the group rate.

Gilligan's Island

Costume Contest

Monday 6:00 – 7:30 PM

Prizes will be awarded

1st Place \$75

2nd Place \$50

3rd Place \$25

Gilligan's Survival Contest Grand Prize Awarded Tuesday



In order to promote your services, we will be having a contact stimulator in conjunction with our theme, "Gilligan's Island". Each vendor will be given information prior to the conference so they can share it with attendees visiting their booth. This information will be used in order for them to complete the "Gilligan's Game" and claim their prize.

Vendors are also welcome and encouraged to participate in the costume contest held during the vendor reception Monday Evening.