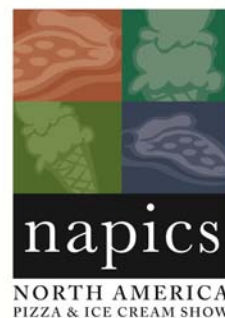


# 2011 NAPICS Contract for Exhibit Space



This application must be completed. Return signed white copy with check made payable to:  
NAPICS, 247 Washington Street; Suite 26, Stoughton, MA 02072. Telephone (800) 909-7469.

February 20-21, 2011

## 1. EXHIBITOR INFORMATION:

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_  
 E-Mail (required of primary contact for confirmation/receipt) \_\_\_\_\_

## 2. MAILING INFORMATION:

Contact Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_  
 E-Mail (required of primary contact for confirmation/receipt) \_\_\_\_\_

## 3. LIST COMPANIES REPRESENTED

(if applicable)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 4. PREFERRED LOCATIONS

Select four spaces in order of choices. Every effort will be made to accommodate requests.

1<sup>st</sup> \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_  
 3<sup>rd</sup> \_\_\_\_\_  
 4<sup>th</sup> \_\_\_\_\_

## 5. DESCRIPTION OF PRODUCTS TO BE DISPLAYED (50 WORDS OR LESS)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 6. EXHIBIT SPACE RENTAL FEES & PAYMENT SCHEDULE

### Exhibit Space Rates:

Cost per 10'x10' Booth - \$1695.00  
 Corner Charge - \$100 additional

### Payment Schedule:

30% due with application  
 70% of total due by August 14, 2010  
 100% of total due by December 1, 2010

***Applications received without above payments will not be processed nor will space assignments be made.***

## 7. CANCELLATION FEE SCHEDULE

***All requests for cancellation/downsize of exhibit space must be in writing.***

- Prior to June 10, 2010 – 20% of total booth cost
- From June 10 to September 1, 2010 – 50% of total booth cost
- From September 1 to December 18, 2010 – 70% of total booth cost
- After December 18, 2010 – 100% of total booth cost

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING NAPICS INCLUDING THOSE PRINTED ON THE REVERSE SIDE HEREOF AND WHICH ARE A PART OF THIS CONTRACT. THIS APPLICATION WILL BECOME A BINDING CONTRACT UPON ACCEPTANCE BY NAPICS.

Authorized Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

Date Received \_\_\_\_\_ Priority Number \_\_\_\_\_

Booth Assignment \_\_\_\_\_ Dimensions \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

ACCEPTED FOR NAPICS BY \_\_\_\_\_