

# EXHIBITOR REGISTRATION FORM

Please register for your booth before April 15 to ensure your company is included in the ACE Program Book and listed accurately on the exhibit hall floor plan.

EXHIBIT BOOTH SIZE	FEE (includes registration for 2 exhibitors)
<input type="radio"/> 8' X 10'	\$2,245
<input type="radio"/> 8' X 20'	\$2,860

**EXHIBITING COMPANY:** \_\_\_\_\_

## PRIMARY CONTACT FOR BOOTH LOGISTICS

This individual will receive all information regarding your exhibit booth.

First Booth Staffer    Second Booth Staffer

Other (Name): \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## FIRST BOOTH STAFFER

Organization Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

## SECOND BOOTH STAFFER

Organization Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

## LIABILITY

Neither NCPERS nor the HILTON AUSTIN, nor their employees, officers, agents, directors, or representatives are liable for any damages or loss that may occur to the exhibitor or to the exhibitor's employees or property from any cause whatsoever. Insurance and liability are the full and sole responsibility of the exhibitor. The exhibitor, on signing this contract, agrees to indemnify and hold forever harmless the aforementioned for any and all liability and expense for personal injury, accident, or property damage from fire, theft, destructive causes, or loss arising out of, in, at, or in connection with the exhibitor's display.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2019 By: \_\_\_\_\_

For (Organization): \_\_\_\_\_

## PAYMENT (All payments must be in U.S. funds)

### Check

Mail to NCPERS | 444 North Capitol Street, NW | Suite 630 | Washington, DC 20001

**Credit Card:** Fax to 202-624-1439 or e-mail to [registration@ncpers.org](mailto:registration@ncpers.org).

American Express     Visa     MasterCard 

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CC Verification Code: \_\_\_\_\_

Name (on the card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Charge: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

*By submitting this form, I certify I have read and understand the terms of this registration. If paying by credit card, I authorize NCPERS to charge my card for the total amount indicated.*

## EXHIBIT BOOTH CANCELLATION POLICY

All exhibit booth cancellations and refund requests must be made in writing to [registration@ncpers.org](mailto:registration@ncpers.org). A \$200 cancellation fee will be deducted from all refunds made before April 15. No refunds will be given after April 15.

Failure to occupy booth space does not release the exhibitor from the obligation to pay for the full cost of the rental. These terms shall apply regardless of the execution date of this contract.

## REGISTRATION DEADLINE

Please register for your booth before April 15 to ensure your company is included in the ACE Program Book and listed accurately on the exhibit hall floor plan.

For updates or to register online, visit [www.NCPERS.org/ACE](http://www.NCPERS.org/ACE). Question? Call 202-624-1456 or e-mail [registration@ncpers.org](mailto:registration@ncpers.org).