

SPONSOR/EXHIBITOR/JOB FAIR CONTRACT

Due Date: December 04, 2009

Registration Questions? Contact NABE at **1-202-898-1829** or **c_riddick@nabe.org**, Mon-Fri, 9AM-5PM EST.

NABE reserves the right to accept sponsor, exhibitor, job fair, and advertiser contracts only from those organizations whose goals are consistent with the mission of the Association. All exhibit prices include a Standard Booth Package. February 03-06

1 COMPANY OR ORGANIZATION (Print or type as you want it to appear on the Booth ID sign and in the printed conference program book):

2 LEVEL OF PARTICIPATION:

Conference Sponsorship:

Diamond \$50,000 Platinum \$30,000 Gold \$20,000 Silver \$10,000 Bronze \$5,000 Supporter \$ _____

Donor \$ _____ Commercial Exhibitor \$1,400 Job Fair Employer \$650 Non-Profit Exhibitor \$1,000

Have you exhibited at the NABE show before? Yes No If yes, how many years? _____

3 TOTAL # OF BOOTHS REQUESTED: _____ Indicate # of in-line booths: _____ Indicate # of end booths: _____

Specific locations will be determined solely by NABE on the basis of both current participation level and receipt date of contract. If you have affiliated companies that you would like to be placed next to in the exhibit hall, please list them below. NABE will make every effort to honor these requests, however, booth placements are done on a first-come, first-served basis:

4 DESCRIPTION OF PRODUCTS/SERVICES TO BE SPONSORED/EXHIBITED OR JOBS TO BE RECRUITED:

(Print or type as you want it to appear in the printed conference program book, maximum 50 words)

5 BILLING CONTACT PERSON:

Dr. Mr. Mrs. Ms. Last: _____ First: _____ Middle: _____

Company/Organization: _____ Title: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax number: (____) _____ E-mail: _____

6 I (the undersigned) have read and agree to adhere to the NABE Exhibit Hall Rules and Regulations. I agree to pay the amount indicated above for the type of conference participation I have selected. I understand that inability to attend the show is not grounds for a refund and that no refunds will be issued after January 5, 2010.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____

7 FULL PAYMENT MUST ACCOMPANY THIS CONTRACT.

Please check your method of payment:

Check/Purchase Order/Money Order # _____
(Make check or institutional purchase order payable to "NABE." Must include purchase order with form.)

MasterCard VISA Discover American Express

Card Number: _____ Expiration Date (MM/YY): _____ / _____

Signature: _____

Payment Grand Total: _____

Mail this contract with check, purchase order or money order to:

SPONSOR/EXHIBITOR/JOB FAIR CONTRACT - NABE 2010, 1313 L Street NW, Suite 210, Washington, DC 20005-4100

If paying by credit card, you may fax this contract to 202-789-2866

- Detailed Exhibitor Rules and Regulations are incorporated as part of this contract.
- EXHIBIT SPACE MUST BE RESERVED BY DECEMBER 04, 2009, in order to be listed in the printed Conference Program. After December 09, 2009, contracts will be accepted, and booths will be assigned on a space-available basis. The booth description will appear in the conference program addendum.