

# Application and Contract for Exhibit Space

NCCA 2010 Fall Meeting  
September 21, 2010

The Westin Indianapolis • Indianapolis, IN

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**1. General Information (please print or type)**

Company Name (as it should appear on booth sign) \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Contact Name \_\_\_\_\_

**2. Registration**

The first two registrants are included in the booth fee. Registration is for the exhibit hall only.

1<sup>st</sup> Complimentary Registration: \_\_\_\_\_

2<sup>nd</sup> Complimentary Registration: \_\_\_\_\_

Exhibitors may bring additional staff as booth personnel for \$25.00 per person. Again, this is for exhibit only. Please provide the name(s) as it should appear on the badge. \_\_\_\_\_

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**3. Company Information**

On a separate sheet of paper, please provide a description of products and/or services to be exhibited in 25 words or less. This information will be included in the final program.

**4. Booth Information** –Indicate the number of the preferred booth locations as noted on the attached floor plan in order of preference.

- I will bring my own pop-up booth and will **NOT** require a table #1 \_\_\_\_\_ 2# \_\_\_\_\_ 3# \_\_\_\_\_  
 I will bring my own pop-up booth, but will require a table  
 I will utilize the table provided by NCCA only

**5. Payment Information**

Number of booth space(s) \_\_\_\_\_ @ \$800.00 per booth \$ \_\_\_\_\_

Additional exhibit personnel \_\_\_\_\_ @ \$25.00 per person \$ \_\_\_\_\_

**Total Amount Due:** \$ \_\_\_\_\_

**6. Cancellation Policy**

Cancellation of exhibit space, as noted in the Fall Meeting Guidelines, must be directed in writing to NCCA Headquarters.

By August 20, 2010 ..... Refund will be 100% save the \$50.00 processing fee.

After August 20, 2010 ..... No refunds will be given.

**7. Payment**

If you are paying by credit card, please complete the following information:

**Please charge the amount specified above to my credit card**

VISA       MC       AMEX

Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder (print) \_\_\_\_\_ Signature \_\_\_\_\_

If you are paying by check or money order (\$US), please make it payable to NCCA and mail to:  
**NCCA, 1300 Sumner Avenue, Cleveland, OH 44115**

**8. Acknowledgement**

I hereby acknowledge that I have received and agree to the NCCA Tradeshow Exhibitor Contract.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**NOTE: Full payment for exhibit space must accompany this contract in order to receive an assigned booth space.**

**Please fax this form by August 2, 2010 to NCCA Headquarters (216) 241-0105, e-mail [ncca@coilcoating.org](mailto:ncca@coilcoating.org) or mail to:**

**NCCA Headquarters • 1300 Sumner Avenue • Cleveland, OH 44115**

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