

EXHIBITOR REGISTRATION FORM

This form may be faxed to 919.832.0612 or mailed to: The NC Chiropractic Association at 8412 Falls of Neuse Rd., Suite 106, Raleigh, NC 27615. You can find a digital fillable form on the www.ncchiro.org.
Call: 919.832.0611 or email sasha@ncchiro.org with questions.

2019 FALL CONVENTION | SEPTEMBER 13-15 | WILMINGTON CONVENTION CENTER | WILMINGTON, NC

STEP 1: FILL OUT EXHIBITOR INFORMATION

Company Name _____ Phone # _____

Company Address _____

Website https:// _____ Fax # _____

Conference Attendees (Full Name as it should appear on badge): _____

Contact to Receive Exhibitor Information: Name _____ Email _____

Short Description of products/services being displayed (orthotics or orthotics-related merchandise is not currently allowed to be displayed at the conferences) _____

** For Door Prize /Raffle Item please email sasha@ncchiro.org to be advertised prior to and at the conference.*

STEP 2: SELECT YOUR PREFERRED SPACE

**Visit www.ncchiro.org to check booth availability*

***Exhibitors that will stay through Sunday, will receive prime booth placement. Please indicate below if you to exhibit for only 2 days.** Booths are assigned on a first come basis. You may indicate your choice on this form or the NCCA will assign you a booth at their discretion. You will receive a booth number confirmation prior to the event.

1st Choice _____ 2nd Choice _____ 3rd Choice _____ Will Only Exhibit on Friday & Saturday

Single Booth: \$875 (max. 2 people)

Additional staff person at the booth: \$50

Double Booths: \$1375 (max. 4 people)

Participation in the Vendor Game: \$50
(NCCA Partners participate at no charge)

Electricity at the Booth: \$0/\$50 on-site

Exhibitor Table Cover: \$0

Electricity & Table Cloth Selection MUST be made prior to August 14th.

The NCCA will not be able to make any changes after that date in accordance with Wilmington Convention Center rules. On-site add on will incur a \$50 charge.

STEP 3: CHOOSE PAYMENT OPTION

INCLUDED IN MY PARTNER PACKAGE

TOTAL DUE: \$ _____

CHECK ENCLOSED (paid in full)

CHARGE CARD (Visa/Master Card/ Discover/ AMEX) # _____

Exp. Date _____ Name on the Card _____

STEP 4: AGREE TO TERMS & SIGN

My payment is enclosed. I understand the Exhibitor Registration Fee is NON-REFUNDABLE, and MY SPACE WILL NOT BE RESERVED WITHOUT FULL PAYMENT. All outstanding debts to the NCCA must be paid in full prior to assignment of exhibit space. Applications will be dated upon receipt, and exhibit space will be assigned in the order in which applications are received. NCCA reserves the right to change location assignment at any time, as it may in its sole discretion deem necessary. Vendors are responsible for setup and tear down of booths. By signing below, I also state that I have read and fully understood the NCCA Exhibitor Agreement.

ACCEPTED BY _____ SIGNATURE _____ DATE _____