

# SPONSOR/EXHIBITOR TERMS & CONDITIONS

1. All sponsor/exhibitors are on a first-come, first-served basis (upon receipt of a signed and fully paid contract). The sponsorship committee is unable to hold spaces or sponsorships without payment.
2. All sponsorship/exhibitor fees must be paid in full. Any other arrangements must be made and approved by the sponsorship committee.  
All sponsorship/exhibitor fees are non-refundable unless the event is canceled by the Nassau/Suffolk Chapter of NCCPAP Board of Directors.
3. Nassau/Suffolk Chapter of NCCPAP membership list and the ATS list is confidential information and is the property of Nassau/Suffolk Chapter of NCCPAP and may not be released.
4. All sponsor/exhibitors' brochures and handouts are to be submitted to the sponsorship committee for review at least 30 days prior to the event for approval. Please e-mail, fax or deliver all to Kathy Casey. Kathy can be reached at 516-997-9500 ext. 2 to make arrangements.
5. We encourage exhibitors, to the best of their ability, to have raffles/drawings/giveaways for all the attendees participating. At the end of each day the winners' names will be posted on a virtual bulletin board. Only paid attendees are eligible for drawings. Symposium speakers and NCCPAP board members are not eligible for drawings. Exhibitors are asked to please verify winner(s) with the sponsorship committee. A member of the ATS Sponsorship Committee will ask for a list of all of these winners each day at 3:00 pm for daily posting. Exhibitors are expected to have qualified personnel in their exhibit booth during the appropriate times of sponsorship.
6. Nassau/Suffolk Chapter of NCCPAP does not guarantee broadcasting participation in any room during any session, or any other mode of infomercial or presentation.
7. Additional discounts are available for multiple sponsorships subject to review by the ATS Sponsorship Committee.
8. Acknowledgment of Responsibility - Sponsor/Exhibitor agrees that it will not do anything which will adversely affect the use and enjoyment of the event.
9. All terms and conditions relating to this contract are final.
10. Advertising assignments and placement will be at the sole discretion of the ATS Sponsorship Committee.
11. Advertising in Nassau/Suffolk Chapter of NCCPAP monthly newsletter is available upon request. Please contact Kathy Casey @ 516-997-9500 ext. 2 for additional information.
12. Fees and sponsorships are subject to change without prior notification at the discretion of the ATS Sponsorship Committee.
13. Sponsor/Exhibitors should maintain their own listings of members participating at event or raffles.
14. All exhibitors are responsible for providing their own logo and contend, subject to review and approval of the ATS Sponsorship Committee.

**I have read the above terms and conditions and I have agreed accordingly.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Company Name \_\_\_\_\_ Tel \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

# SPONSOR/EXHIBITOR CONTRACT

**Please type/print legibly – Must complete this form in its entirety. Fill out Sponsor and Exhibitor Terms and Conditions first.**

Sponsor/Exhibitor Name \_\_\_\_\_

Address \_\_\_\_\_

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

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Payment Information (Please make checks payable to "Nassau/Suffolk Chapter of NCCPAP")

Amount Paid \$ \_\_\_\_\_  Check  MasterCard  Visa  American Express

## Credit Card Information

Account No \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVS# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

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

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

**For Platinum and Gold Exhibitor/Sponsors: Business Description, as you wish it to appear in the Exhibitor Directory (Please print clearly.)**

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

Corporate Name to be used \_\_\_\_\_

Individual's names being represented

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

Office Use Only

Paid \_\_\_\_\_ Cash \_\_\_\_\_ Ck.# \_\_\_\_\_ CC Proc. \_\_\_\_\_

Copies to: RG \_\_\_\_\_ OFF \_\_\_\_\_