



**Exhibitor Application/Contract**  
**18<sup>th</sup> Annual Western NC Safety & Health School Conference**  
**November 5<sup>th</sup> – November 8<sup>th</sup>, 2017**  
**DoubleTree Biltmore**  
**Asheville, NC**

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

Address \_\_\_\_\_

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

Please indicate:     First Time Exhibitor         Returning Exhibitor

Exhibitor Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Booth Location Preference\*:

Booth Choice 1 \_\_\_\_\_ Booth Choice 2: \_\_\_\_\_ Booth Choice 3: \_\_\_\_\_

Located Close to Exhibitor (if any): \_\_\_\_\_

List Companies you would prefer to be located AWAY from: \_\_\_\_\_

\*Note: Preferences are granted on the basis of payment received. Requests will be honored to the extent possible based on registration timing. Relocations must be discussed with, and will be granted only by, the Exhibitor Chairperson.

**Registered Representative Names as to appear on name tags:**

**Representative 1:**

Full Name: \_\_\_\_\_ First Name on Badge: \_\_\_\_\_

Circle Designations: ARM ASP CSP CIH CHMM CHS CET MD PE Other; \_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Representative 2:**

Full Name: \_\_\_\_\_ First Name on Badge: \_\_\_\_\_

Circle Designations: ARM ASP CSP CIH CHMM CHS CET MD PE Other; \_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Representative 3:**

Full Name: \_\_\_\_\_ First Name on Badge: \_\_\_\_\_

Circle Designations: ARM ASP CSP CIH CHMM CHS CET MD PE Other; \_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Representative 4:**

Full Name: \_\_\_\_\_ First Name on Badge: \_\_\_\_\_

Circle Designations: ARM ASP CSP CIH CHMM CHS CET MD PE Other; \_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Exhibit spaces for \$395.00 will include:**

- Electrical outlet(110volt/20amp)
- 1 Covered table, 2 chairs
- Breaks/snacks
- Monday Tour of Sierra Nevada (additional fee)
- Tuesday Appreciation Reception
- Wednesday Brunch for 2 (additional tickets are available for cost)
- Ability to play in golf outing (additional fees required)
- Wi-Fi Access in Exhibitor Area
- Option to include printed materials in participants handout materials
- List of attendees and contact information as provided to board  
In addition we are listing vendors on our webpage and providing links to their website if the vendor so wishes. This can all be arranged during the on-line registration Participation in General Sessions including keynote speeches and attendance in breakout sessions as time allows.

**\_\_\_\_\_ If you are interested in outdoor space please check here and you will be contacted by the Exhibitor Chairperson to make arrangements.**

Set up for Exhibitors is Sunday, November 5th, 2017 from 3:00pm-5:00pm. Exhibitors may also set up Monday morning prior to the Conference Opening Session.

Exhibit times are Monday, November 6, 2017 from 7:00am-5:00pm, Tuesday, November 7, 2017 from 8:30am – 4:30pm, and Wednesday, November 8, 2017 from 8:00am – 1:00pm. Exhibitors are asked to donate a prize of at least \$25.00 value for drawings at the conference.

***SPECIAL OPPORTUNITY: We are looking for sponsors to support the cost of this conference. Sponsorship allows you to advertise your product to a captive audience. Sponsors will have special recognition in the exhibit area, the website and on all informational material. Please consider sponsoring a refreshment break, a meal or golf tournament holes. Contact the following for questions regarding exhibitor booths, sponsorship, or program materials.***

**Exhibitor Chair:**

Steve Naylor (336) 226-4896 or via email at [snaylor@envirosafe.com](mailto:snaylor@envirosafe.com)

**To be a Sponsor or for Tax Donation Documentation:**

Cathy Coomer - [Cathy.Coomer@buncombecounty.org](mailto:Cathy.Coomer@buncombecounty.org) (828) 250-5480

**Program Speaker Faculty/One Day Workshops:**

Danielle Messer: [Danielle.Messer@Sierranevada.com](mailto:Danielle.Messer@Sierranevada.com) (828)-708-6218 Ext 2218

**Golf Outing:**

Chuck Cronk: [Ccronk@Ingles-Markets.com](mailto:Ccronk@Ingles-Markets.com) 828-669-2941 x 303

Please make checks payable to, and mail to: Western NC Safety & Health School, P.O. Box 8428, Asheville, NC 28814. Payments and registrations may also be submitted on line at: [WWW.WNCSAFETY SCHOOL.COM](http://WWW.WNCSAFETY SCHOOL.COM) .

*Booth registrations not paid for by October 9, 2017 will not be honored. Refund requests must be submitted in writing to the board. Refund requests received prior to October 13, 2017, 5:00pm EST will be refunded in full less a \$50.00 processing fee. Refund requests made after October 13, 2017, 5:00pm EST will be granted only after Board approval and review at the January, 2018 board meeting.*

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***I accept and agree to abide by the Exhibitor Rules of the Western NC Safety & Health Conference:***

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Signature /Date required)

Please list any comments or special requests below: