



Exhibitor Application/Contract
17th Annual Western NC Safety & Health School Conference
October 31st – November 2nd, 2016
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
 - Tuesday Casino night
 - Wednesday brunch for 2 (additional tickets are available for cost)
 - Ability to attend the Monday night Brews Cruise (additional fee)
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- Ability to play in golf outing (additional fee)
 - 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

_____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, October 30, 2016 from 3:00pm-5:00pm. Exhibitors may also set up Monday morning prior to the Conference Opening Session.

Exhibit times are Monday, October 31, 2016 from 7:00am-5:00pm, Tuesday, November 1, 2016 from 8:30am – 4:30pm and Wednesday, November 2, 2016 from 8:00am – 1:00pm. Exhibitors are asked to donate a prize of at least \$25.00 value for drawings to be held during the Monday reception.

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 Team:

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

To be a Sponsor or for Tax Donation Documentation:

Cathy Coomer - Cathy.Coomer@buncombecounty.org (828) 250-5480

Program Speaker Faculty/One Day Workshops:

Lisa Foster-Morrow: Lisa.Foster-Morrow@continental-corporation.com or 828-654-2240

Golf Outing:

Chuck Cronk: 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.WNCSAFETYSCHOOL.COM .

Booth registrations not paid for by October 9, 2016 will not be honored. Refund requests must be submitted in writing to the board. Refund requests received prior to October 9, 2016, 5:00pm EST will be refunded in full less a \$50.00 processing fee. Refund requests made after October 9, 2016, 5:00pm EST will be granted only after Board approval and review at the January, 2017 board meeting.

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: