



Exhibitor Space Application // Contract

26TH ANNUAL NATIONAL VPPPA CONFERENCE

// Orlando World Center Marriott Resort & Convention Center - Orlando, FL

Conference Dates: August 23-26, 2010 - Expo Dates: August 23-25, 2010

Instructions

- » Complete and sign the Exhibitor Space Application/Contract.
*Indicates required fields. Please print or type ALL the information.
- » See the 2010 Rules and Regulations on page 7 for additional information.
- » Be sure an authorized company representative signs the Exhibitor Space Application/Contract.
- » Indicate order of booth preference using the VPPPA Expo 10 floor plan on page 6. Please check www.vpppa.org for an up-to-date floor plan.

- » List the name and contact information of the exhibiting company as you want it to appear in promotional pieces.
- » Submit your completed Exhibitor Space Application/Contract and full payment by the deadline dates indicated to receive the respective rate.
- » Payment may be made by check (payable to VPPPA, Inc.) or by credit card.
- » Make a copy of your completed Exhibitor Space Application/Contract for your files.

Exhibiting Company Information

Indicate the company information as you want it to appear in VPPPA publications and promotional materials.

*Company Name _____

*Street Address/P.O. Box _____

*City _____ *State _____ *Zip _____

Country _____

*Telephone _____ Ext. _____

Toll Free Telephone _____ Ext. _____

*Fax _____ Web site _____

Logistical Contact Information

Indicate the logistical contact and recipient of all exhibitor materials (e.g. Exhibitor Service Manual, attendee list, *Exhibitor News*)

*First Name _____ MI _____ *Last Name _____

*Job Title _____

*E-mail _____

*Telephone _____ Ext. _____

Fax _____ *E-mail _____

Exhibitor Contact Information

Indicate the sales contact as you want them to appear in VPPPA publications and promotional materials.

Check here if sales contact is same as logistics contact.

*First Name _____ MI _____ *Last Name _____

*Job Title _____

Designation(s) _____

*E-mail _____

*Product/Service Description

Please print or type, in complete sentence(s), in 50 words or less (minimum of 10), your company product/service description below. Any or part of the description will be used in the development of promotional pieces. (Please use additional pages if necessary.) Use last year's product/service description.

Booth Selection

Please list your booth space choices.**

First Choice _____

Second Choice _____

Third Choice _____

Total Square Feet _____
(See page 5 for rates.)

Exhibitors you want to be near to
(by company name):**

Exhibitors you want to be separated from
(by company name):**

**Booth placement is not guaranteed.

// CONTINUED ON NEXT PAGE...

Company Name _____

Product Service Categories

Please check no more than three (3) for your product/service categories.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Advertising Services | <input type="checkbox"/> Eyewear, Protective | <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Safety Personnel |
| <input type="checkbox"/> AED Training | <input type="checkbox"/> Fall Protection Systems | <input type="checkbox"/> Lockout/Tagout Products | <input type="checkbox"/> Safety Signage |
| <input type="checkbox"/> Air Quality Equipment | <input type="checkbox"/> First Aid & CPR | <input type="checkbox"/> Mail Service | <input type="checkbox"/> Skin Care Products |
| <input type="checkbox"/> Apparel, Safety | <input type="checkbox"/> Footwear Safety | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Sorbents |
| <input type="checkbox"/> Association/Society | <input type="checkbox"/> Forklift Safety | <input type="checkbox"/> Noise Monitoring | <input type="checkbox"/> Spill Control |
| <input type="checkbox"/> Auto Safety | <input type="checkbox"/> Gas Detection | <input type="checkbox"/> Onsite Assessment | <input type="checkbox"/> Stand-by Rescue Teams |
| <input type="checkbox"/> Compliance Products/Services | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Training Material |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Grating Penetration Safety | <input type="checkbox"/> Pocket Safety Cards | <input type="checkbox"/> Training, Emergency Response |
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Hand Tool, Safety | <input type="checkbox"/> Posters | <input type="checkbox"/> Training, Environmental Health |
| <input type="checkbox"/> Culture Assessment | <input type="checkbox"/> Hazardous Materials Control | <input type="checkbox"/> Production Safety Materials | <input type="checkbox"/> Training, Ergonomics |
| <input type="checkbox"/> Defibrillators | <input type="checkbox"/> Hearing Loss Programs | <input type="checkbox"/> Professional Speaker | <input type="checkbox"/> Training, Safety |
| <input type="checkbox"/> Embroidery | <input type="checkbox"/> Hydration System | <input type="checkbox"/> Promotional Products | <input type="checkbox"/> VPPA Application Assistance |
| <input type="checkbox"/> Employee Development | <input type="checkbox"/> Identification Products | <input type="checkbox"/> Publications | <input type="checkbox"/> Wellness Programs |
| <input type="checkbox"/> Environmental Management | <input type="checkbox"/> Incentives & Recognition | <input type="checkbox"/> Respirator Fit Testing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ergonomic Products & Services | <input type="checkbox"/> Industrial Hygiene Services | <input type="checkbox"/> Risk Management Services | |
| <input type="checkbox"/> Eyewashes | <input type="checkbox"/> Industrial Services Contractor | <input type="checkbox"/> Safety Interlocks | |

Affiliate Membership

If you are interested in becoming a VPPPA Affiliate Member or renewing your membership for 2010, please check the appropriate box below. By joining as an Affiliate Member, you can register at the Member rate, receive access to pre- and post-conference attendee lists (available to Nonmembers for \$500) and much more. For more information about Affiliate Member benefits, please contact the VPPPA Membership & Development Department at (703) 761-1146 or Membership@vpppa.org.

- Join as a VPPPA Affiliate member (\$500) Renew your VPPPA Affiliate membership for 2010 (\$500) Access pre- and post-conference attendee lists at Nonmember rate (\$500)

VPPPA is a nonprofit 501(c)(3) charitable organization. Membership dues are 100% tax deductible. VPPPA Federal Tax ID# 54-1598954.

Booth & Exhibitor Fees

	PRIORITY PERIOD <i>Until 10/02/09</i>	REGULAR <i>Until 04/02/10</i>	LATE <i>After 04/02/10</i>
Members	\$11.95/sq. ft.	\$12.95/sq. ft.	\$13.95/sq. ft.
Nonmembers	\$15.95/sq. ft.	\$16.95/sq. ft.	\$17.95/sq. ft.
Each exposed corner	\$150	\$150	\$150
Turnkey Booth Package <i>for one standard 10' x 10' booth space // must be ordered by 6/4/09</i>	\$80	\$80	\$80
Logo for Web site listing	\$100	\$100	\$100

Total Square Footage _____ x Cost per sq. ft. (at left) \$ _____ = _____

Turnkey Booth Package = _____

Attendee lists for Nonmembers = _____

Affiliate Membership Dues = _____

Number of exposed corners ____ x \$150 = _____

Logo for Web site listing = _____

TOTAL PAYMENT _____

Method of Payment

Please indicate your method of payment. Payment must accompany your Exhibitor Space Application/Contract.

Check # _____ (payable to VPPPA, Inc.)
Mail checks to: VPPPA, P.O. Box 631761, Baltimore, MD 21263-1761

VISA Master Card American Express

Card # _____

Exp. Date _____

Name as it appears on card _____

Cardholder's Signature _____

Date _____

The 2010 Rules and Regulations constitute part of this 2010 Exhibitor Space Application/Contract, which the exhibitor agrees to abide and conform hereto. In witness whereof, the applicant has caused this Exhibitor Space Application/Contract to be signed by an officer of the company or person duly authorized.

By completing and signing this Exhibitor Space Application/Contract, the exhibitor hereby releases any photographs to VPPPA that may be incidentally taken of exhibitor booth personnel during the 26th Annual National VPPPA Conference to be used for any purpose.

The exhibitor agrees that VPPPA may share the exhibitor's information with other organizations vital in producing the 26th Annual National VPPPA Conference, such as the general service contractor, Orlando World Center Marriott, lead retrieval company and other service providers.

Print Name _____

Signature _____ Date _____

Return Exhibitor Space Application // Contract to:

VPPPA, ATTN: VPPPA EXPO, 7600-E LEESBURG PIKE, SUITE 100, FALLS CHURCH, VA 22043-2004 // FAX: (703) 761-1148 // E-MAIL: EXPO@VPPPA.ORG