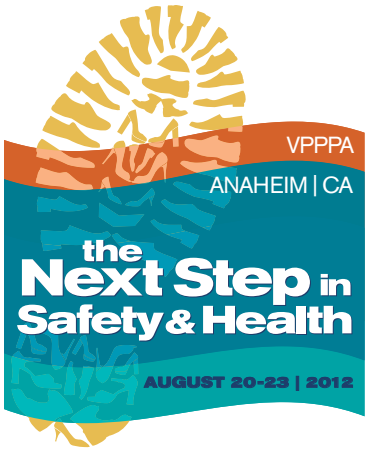


Exhibitor Space Application/Contract

* 28TH ANNUAL NATIONAL VPPPA CONFERENCE *
ANAHEIM CONVENTION CENTER, ANAHEIM | CA
CONFERENCE DATES: AUGUST 20-23, 2012



INSTRUCTIONS

- * Complete and sign the Exhibitor Space Application/Contract. *Indicates required fields. Please print or type ALL the information.
- * See the 2012 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 2012 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 _____ Website _____

LOGISTICS 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 _____
*Email _____
*Telephone _____ Ext. _____
Fax _____

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 _____
*Email _____

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.

*PRODUCT/SERVICE DESCRIPTION

Please print or type, in complete sentence(s), in 50 words or fewer (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.

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"/> VPP 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 2012, 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 2012 (\$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

Total Square	Cost per sq. ft.		
	PRIORITY PERIOD UNTIL 9/30/11	REGULAR UNTIL 3/30/12	LATE AFTER 3/30/12
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 <small>for one standard 10' x 10' booth space > must be ordered by 7/13/12</small>	\$250	\$250	\$250
Logo for Website Listing	\$100	\$100	\$100

Footage _____ x (at left) \$ _____ = _____

Turnkey Booth Package = _____

Attendee lists for nonmembers = _____

Affiliate membership dues = _____

Number of exposed corners ____ x \$150 = _____

Logo for website 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 418174, Boston, MA 02241-8174

VISA Master Card American Express

Card # _____
 Exp. Date _____
 Name as it appears on card _____
 Cardholder's Signature _____
 Date _____

The 2012 Rules and Regulations constitute part of this 2012 Exhibitor Space Application/Contract, which the exhibitor agrees to abide by and conform to. 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 or video to VPPPA that may be incidentally taken of exhibitor booth personnel during the 28th 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 28th Annual National VPPPA Conference, such as the general service contractor, Anaheim Convention Center, 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 * EMAIL: EXPO@VPPPA.ORG