



LOUISIANA GOVERNOR'S SAFETY & HEALTH CONFERENCE
THERE IS NO PLACE LIKE LOUISIANA

EXHIBITOR SPACE APPLICATION/ CONTRACT

Ernest N. Morial Convention Center in New Orleans, Louisiana

INSTRUCTIONS

Complete and sign the Exhibitor Space Application/Contract.

***Indicates required fields. Please print or type ALL information.**

- See the 2017 Rules and Regulations on page 7 for additional information.
- Be sure an authorized company representative signs the Exhibitor Space Application/Contract.
- 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.

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

www.vpppa.org
2017 VPPPA Exhibitor Prospectus

EXHIBITING COMPANY INFORMATION—Indicate the company information as you want it to appear in VPPPA publications, the conference mobile app and promotional materials.

* COMPANY NAME

* STREET ADDRESS/P.O. BOX

* CITY

* STATE

* ZIP

* COUNTRY

* TELEPHONE

EXT.

* FAX

* WEBSITE

TWITTER HANDLE

* HOW DID YOU HEAR ABOUT US?

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

* FIRST NAME

* LAST NAME

* TITLE

* EMAIL

* TELEPHONE

EXT.

BOOTH SELECTION

**Leave blank if no location preference

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

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

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

Check here if the sales contact is the same as the logistics contact.

* FIRST NAME

MI

* LAST NAME

* EMAIL

* TELEPHONE

* TITLE

MARKETING CONTACT INFORMATION—Indicate the contact person who handles all advertising, sponsorship, and/or promotional decisions for your company.

* FIRST NAME

* LAST NAME

* EMAIL

* TELEPHONE

* TITLE

***PRODUCT/SERVICE DESCRIPTION**

Please print or type, in complete sentences, and in 50 words or fewer (minimum of 10), your company product/service description. Any or part of the description will be used in the development of promotional pieces.

Use last year's product/service description.

PRODUCT SERVICE CATEGORIES

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

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

BOOTH & EXHIBITOR FEES

Every 10' x 10' booth includes 1 draped table, 2 chairs, waste basket and carpeting.
Total Square Cost per sq. ft.

	Booth Rate
LA Governor's Safety Conference - VPPPA Members	\$12.50/sq. ft.
LA Governor's Safety Conference - VPPPA Non-members	\$16.50/sq. ft.
Game Card Square	\$1,500
Upgraded Exhibitor Listing	\$500

Footage _____ x \$ _____ = _____

Attendee mailing addresses for nonmembers (\$500) = _____

Affiliate membership dues (\$500) = _____

Game Card Square* (\$1,500) = _____

Upgraded Exhibitor Listing* (\$500) = _____

Total Payment = _____

* A game card square is a major traffic driving tool that places the exhibitor company on the game card which is distributed to all attendees who are required to visit each booth on the game card in order to be eligible for a prize. (One of two iPads)

* An upgraded exhibitor listing will highlight your company in the Upgraded Exhibitor section of the program as well as highlighting your listing in our mobile app and on our website to help you stand out among your competitors.

AFFILIATE MEMBERSHIP

If you are interested in becoming a VPPPA Affiliate member or renewing your membership for 2017, please check the appropriate box below. By joining as an Affiliate member, you are eligible to register at the member rate, receive access to pre-and post-conference attendee lists 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) or renew your VPPPA Affiliate membership for 2017 (\$500).

Access pre- and post-conference attendee mailing lists at the nonmember rate (\$500).

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

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, 7600-E Leesburg Pike, Suite 100, Falls Church, VA 22043

- VISA Master Card American Express
 Discover Diners Club

CARD # _____

EXP. DATE _____

NAME AS IT APPEARS ON CARD _____

CARDHOLDER'S SIGNATURE _____

DATE _____

The 2017 Rules and Regulations constitute part of this 2017 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 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 conference, such as the general service contractor, Ernest N. Morial Convention Center, lead retrieval company and other service providers.

PRINT NAME _____

SIGNATURE _____

DATE _____