## 2018 Louisiana NENA/APCO Symposium April 16-18, 2018 <u>Exhibitor Registration Form</u>

## Sponsorship Includes;

8 X 10 Exhibitor Booth, 2' x 6' covered & skirted table, 2 chairs & basic ID sign. Vendor's must provide: Power cord, audio visual equipment.

| <b>Exhibit Floor</b>   | r Schedule:     |                |  |   |   |   |              |
|--|-----------------|----------------|--|---|---|---|--------------|
| Monday, April  |                 |                |  | Tuesda  | ıy, April 17  | 7 <u>th</u>   |              |
| 1:00 pm - 4:00   | 0 pm Vendor     | Setup          |  | 9:00 am - 3:30 pm Vendor H                        |   |   |              |
| 4:15 pm - 6:30   | 0 pm Opening    | Exclusive hour |  |   |   | lors (Exclusive hour)<br>h Vendors (Exclusive hour) |              |
| Exhibitor:   |                 |                |  |   |   |   |              |
| Contact:   |                 |                |  |   |   |   |              |
| Business Phon  | ne #:           |                |  |   |   |   |              |
| E-mail Address   | S:              |                |  |   |   |   |              |
| Address:   |                 |                |  |   |   |   |              |
| City:  |                 |                | State:   |   | _Zip:   |   |              |
| Sponsorships   | Amount          | Meal-Tickets   |  |   |   |   |              |
| Platinum Sponso  | or\$ 5,000.00   | (5 included)   |  | Bronze Sponsor                                    | \$ 1,000.00   | )   | (2 included) |
| Gold Sponsor   | \$ 3,000.00     | (4 included)   |  | Regular Sponsor                                   | \$ 600.00   | 0   | (1 included) |
| Silver Sponsor   | \$ 2,000.00     | (3 included)   |  | Extra Meal Tickets                                | Qty   | @ \$ 100.0  | 0            |
|  |                 |                |  |   |   | Tot   | tal \$       |
| Exhibitor Rep  | resentatives At | tending:       | _  |   |   |   |              |
|  |                 |                | _  |   |   |   |              |
| Mail Sponsorship form and payment to:<br>Louisiana NENA<br>Attn: 2018 Symposium<br>P O Box 82236<br>Lafayette, La. 70598 |                 |                | Make Checks payable to:<br>Louisiana NENA Chapters |   | Questions:<br>Contact: Linda Lavergne<br>Office: 337-291-5060<br>Email: eoc@lafayettela.gov |   |              |
|  |                 |                | tp://www   | nposium webp<br>.louisiananena<br>ith a Credit Ca | a.org   |   |              |

## Vendor Agreement:

My organization will exhibit at the Louisiana APCO/NENA Symposium to be held at the Paragon Casino Resort in Marksville, LA Monday, April 16<sup>th</sup> thru Tuesday, April 17<sup>th</sup>, 2017. I understand that the exhibit hall will be open certain hours during the Symposium. I understand that I will be provided with a booth area with one draped table, two chairs, an ID sign and 5A basic electricity. I will be responsible for my own display and the ordering and cost of any additional items such as audio-visual equipment, telephones, and internet access. I will be responsible for making hotel room reservations and travel arrangements, staffing the exhibit, shipment of exhibit materials to and from the Paragon Casino Resort, packing, unpacking, drayage, and the removals of exhibit materials from the hotel.

I understand that the exhibitor assumes full responsibility and liability for losses, damages, and claims arising out of injury to persons or damage to the Exhibitor's displays, equipment, or property brought upon the premises of the hotel. I further agree to indemnify, defend and hold harmless Louisiana APCO/NENA, the hotel and its owners, servants, agents and employees against all claims or expenses for such losses, including reasonable attorney's fees arising out of the use of the hotel premises excluding any liability caused by the negligence of Louisiana APCO/NENA nor the hotel maintains insurance covering the Exhibitor's property or lost revenue and it is the sole responsibility of the Exhibitor to obtain such insurance.

Authorized Representative: