

## ***Exhibit Terms and Conditions***

### **TRADE SHOW HOURS**

SET UP TIME – Sunday May 6th 4pm – 8pm

Monday May 7th 7:00am – 5pm

Tuesday May 8th 7:30am – 5pm

Wednesday May 9th 7:30am – 3pm

BREAKDOWN – Wednesday May 9th 3pm – 5pm

### **PLEASE NOTE: EXHIBITS ARE TABLETOP DISPLAYS ONLY**

### **RATES:**

- **For Profit Agency - \$250.00**
- **Nonprofit agency - \$150.00**
- **Electrical service - \$25.00**

TABLETOP EXHIBIT PACKAGE INCLUDES: One 6' draped table, one chair, and one wastebasket.

Exhibit package does not include conference registration. No assignments can be made until the completed contract and fee are received by the Alaska Addiction professionals Association (AAPA). **CONTRACTS MUST BE RECEIVED BY AAPA NO LATER THAN APRIL 27<sup>TH</sup> @ 5PM IN ORDER FOR TABLES TO BE ASSIGNED.**

**SET-UP AND DISMANTLING:** Exhibitor set-up is Sunday, May 6th from 4-8pm (No materials should be pasted, tacked, nailed, screwed or otherwise, attached to ANY part of the hotel property including furniture and walls). Dismantling begins at 3pm Wednesday May 9th.

**CANCELLATION:** Cancellations must be requested in writing and received no later than March 30, 2012, to receive a refund minus a \$45 administrative charge. Cancellations received after the March 30 will not be eligible for refund.

**SECURITY:** There will be no security provided for the exhibit area. Exhibitors with valuable materials can make arrangements to store these items in a secure room during the hours after the exhibit area is closed. This is not to be understood as a guarantee against theft, loss, or damage. The Sheraton Anchorage Hotel and/or the Annual School on Addictions will be held harmless in case of such occurrences.

**APPLICATION/CONTRACT FOR EXHIBIT SPACE**  
**Please complete & submit the following application.**

\_\_\_\_\_ For Profit Agency - \$250.00

\_\_\_\_\_ Nonprofit agency - \$150.00

\_\_\_\_\_ Electrical service - \$25.00

**Company/Agency:** \_\_\_\_\_

(Please fill in your company/agency name exactly as you wish it to appear in conference publications)

**Billing Contact Information**

**Name:**

**Address:**

**City, State, Zip:**

**Phone:**

**Fax:**

**Exhibit Show Contact Person Information**

**Name:**

**Address:**

**City, State, Zip:**

**Phone:**

**Fax:**

Number of spaces requested \_\_\_\_\_ x Booth Cost \$\_\_\_\_\_ = Total Due \$\_\_\_\_\_

(Exhibitor fees do not include conference registration or awards banquet)

Will you require electricity at your booth?

There is a \$25 charge for electricity \_\_\_\_\_ Electrical fee Due \$\_\_\_\_\_

**Total Fees Due \$\_\_\_\_\_**

**METHOD OF PAYMENT:**

\_\_\_\_\_ Check/money order

- (payable to "Alaska Addiction Professionals Association", Tax ID92-0167007)

\_\_\_\_\_ Credit Card (MasterCard or Visa only; complete information below)\*

**Cardholder Name:**

**Card Number:**

**Exp. Date:**

**3-digit security code:**

**5-digit postal zip code associated to card:**

**SUBMIT COMPLETED FORM & PAYMENT TO: [sada@ak.net](mailto:sada@ak.net)**

**Or via postal mail to AAPA PO Box 92580, Anchorage, AK 99509**