Advance Exhibit Space Contract

National Athletic Trainers' Association
61st Annual Meeting and Trade Show
Pennsylvania Convention Center, Philadelphia, Pennsylvania
Wednesday, June 23 - Friday, June 25, 2010

Mail or Fax this contract with full payment to:

National Athletic Trainers' Association
attn: Exhibits Manager
2952 Stemmons Fwy., Dallas, TX 75247
Phone: 214-637-6282, ext. 111, Fax: 214-637-2206
Email: lindsey@nata.org

		Total Payment Due	
PAYMENT INFO	25% Deposit	On or Before March 1, 2010	After March 1, 2010
10 x 10 Inline Booth	$293.75	$1,175	$1,275
10 x 10 Corner Booth	$343.75	$1,375	$1,475
10 x 20 Inline Booth	$587.50	$2,350	$2,450
10 x 20 Corner Booth	$637.50	$2,550	$2,650
10 x 30 Inline Booth	$881.25	$3,525	$3,625
10 x 30 Corner Booth	$931.25	$3,725	$3,825
Island Booth (400 sq. ft. and over)	$281.25 per 100 sq. ft.	$1,125 per 100 sq. ft.	$1,225 per 100 sq. ft.

Refer to 2010 NATA Floor Plan for Booth Selections

I. Enter booth numbers below:

1st choice: _____ 2nd choice: _____
3rd choice: _____ 4th choice: _____
5th choice: _____

It is most important (check one only):

☐ to be close to any of our choices
☐ to have a corner booth (based on availability)
☐ to have the best space available

Booth size: _____

Companies we would **LIKE** to be located near: (limit 3)

_____

Companies we would **NOT LIKE** to be located near: (limit 3)

_____

☐ We request permission to sell product(s) on the exhibit floor.
(Note: The state of Pennsylvania requires the NATA, by law, to file a report of all exhibiting companies conducting sales on the exhibit floor.)

II. EXHIBITING COMPANY INFO (*As it will be printed on Booth ID sign and in all marketing materials*):

Name _____
Address _____
City_____ State/Province _____
Zip_____ Tel _____ Fax _____
Website _____

Company Description (50 word max – attach add'l. sheet if req'd.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

III. PAYMENT (25% deposit required)

Checks should be made payable in U.S. funds to the NATA.
Deposit $ _____ Check No. _____

☐ VISA ☐ MC ☐ AMEX ☐ Discover Exp. Date _____

Card Number _____

Cardholder Name _____

Signature _____

I am a NATA Corporate Partner.
☐ Gold 15% ☐ Silver 10% ☐ Bronze 5%
I understand I may deduct the percentage checked above from the total amount due.
I understand I must renew for 2010 to receive discount.

IV. PRODUCT CATEGORY (Check all that apply)

☐ Aquatic Therapy	☐ Electrotherapy Equip.	☐ Nutritional Products
☐ Athletic Equipment/Apparel	☐ Emergency Response	☐ Portable Cases
☐ Athletic Training Room Supplies	☐ Employment Services	☐ Rehab
☐ Braces, Supports & Athletic Tape	☐ External Analgesics	☐ Software
☐ Cardio & Strength Training	☐ Heat Stress	☐ Sport Drug Prevention Provider
☐ Certification	☐ Hot & Cold Products	☐ Strength & Conditioning Equip.
☐ Consumer Health Care	☐ Insurance	☐ Wound Care
☐ Education	☐ Massage Therapy	

V. BEST IN SHOW CONTEST (One entry per exhibiting company)

☐ YES! We will select one category from the list above.
Best In Show Entry Category _____
We will submit a 100-word or less description of our product or service along with a photo, to lindsey@nata.org, no later than May 14, 2010. Details online at www.nata.org/annualmeeting.

VI. EXHIBITOR CONTACT INFO

All exhibitor communication should be sent to the contact below:
Company Name _____
Contact Person _____
Address _____
City _____ State/Province _____
Zip _____Tel _____Fax _____
E-mail _____
☐ I prefer a hard copy of the Exhibitor Services Manual mailed to me.
☐ I prefer to access the Exhibitor Services Manual online.

VII. EXHIBITOR ACCEPTANCE

The undersigned (exhibitor) is authorized to enter into this contract and understands this contract becomes valid when completed, signed and accepted by the NATA. By signing below I am indicating my organization's agreement to abide by NATA's Rules and Regulations, as the same may be amended from time to time, and to all conditions under which exhibit space is leased to the NATA at the Pennsylvania Convention Center in Philadelphia. I accept responsibility for informing all of our employees and agents of these Rules and Regulations and for ensuring that they abide by them also. I further understand the violation and cancellation policies. (NATA Rules and Regulations are posted online ww/nata.org/annualmeeting/tradeshow.) Also, the undersigned agrees to accept the space assigned and will agree to accept reassignment, if necessary, to create a more effective exhibition.

Authorized Signature _____
Printed Name _____
Title_____

For NATA Use Only – Date Rec'd. _____Exhibit Priority Points _____
25% Deposit _____Total Payment Due _____
Booth # _____Booth Size _____ IMIS #_____