



EXHIBITOR APPLICATION 2019

ANTICIPATED EXHIBIT SCHEDULE

SUNDAY October 6, 2019

Exhibitor Set-up: 12:00 Noon – 8:00 P | M

MONDAY October 7, 2019

Exhibitor Set-up: 7:00 AM – 7:30 AM

Exhibits Open 7:30 AM – 5:00 PM

Packing and Dismantling 5:00 PM – 8:00 PM

BOOTH REQUEST (Assigned on a first-paid, first-choice basis)

First Choice: _____ Second Choice: _____ Third Choice: _____

FEE

Exhibitor Booth (6' x 10') with back and side drapes, one 6' skirted table, 2 chairs and ID signage, plus all registration data for all registrants that have not opted out	\$1,200
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Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone #: _____ Representative's Phone #: _____

Representative's E-mail Address: _____

Company Web Address: _____

Products and Services to be displayed: _____

Exhibitor will _____ will not _____ participate in NESCON Raffle Exhibitor will _____ will not _____ conduct own raffle

Item to be awarded if Exhibitor participates in either raffle: _____

Method of Payment (U.S. funds only)

Please invoice Amount to be charged: \$ _____

Credit Card: Visa MasterCard American Express

If using a credit card for payment, do not include the card number of expiration date. An ISM-CT customer service representative will call to obtain the necessary information. Please provide your firm's contact person's name and phone number below.

Name: _____ Phone #: _____



New England Supply Chain Conference and Exposition

CONTACT US: If you have any questions related to this Exhibitor Agreement (or anything related to the Exhibitor items), please contact us at exhibitor@newenglandsupplychainconference.org.

By submitting a signed copy of this application for exhibit space at the 2019 New England Supply Chain Conference and Exhibition, Applicant agrees to comply with all instructions, rules, and regulations of NESCON 2019, as stated in the 2019 NESCON Exhibitors Agreement.

Company Name

By: _____
Signature of Exhibitor’s Duly Authorized Representative

Printed Name and Title of Representative

Date

Note: NESCON adds its exhibitors’ logos, tag lines and web addresses to the NESCON web site as the information becomes available. To speed that process and to give your company maximum exposure, please include the following with your application:

- Logo – in .jpg format
- Tag line
- Specific web address you want published

Please use the space below to provide your tag line and web address

Tag Line: _____

Web Address: _____



New England Supply Chain Conference and Exposition

Please list the two people who will be covering the Exhibitor booth (they are entitled to attend any of our presentations and meals, as their time permits) If you need a 3rd person, there is an additional charge of \$100. For the 4th and beyond person, the additional charge is \$249/each.

Exhibitor Attendee #1:

Name: _____

Address: _____

Telephone: _____ (business)

_____ (cell)

Email: _____

Exhibitor Attendee #2:

Name: _____

Address: _____

Telephone: _____ (business)

_____ (cell)

Email: _____