

APPLICATION FOR EXHIBIT SPACE
 School Nutrition Association of Massachusetts 59th Annual Conference
 Marlborough Best Western Royal Plaza Trade Center, Marlborough, MA • October 26, 2010

Please submit one contract per company. Only two companies per booth.
 Complete and return one copy to:

School Nutrition Association of Massachusetts
 258 Harvard St. PMB 283, Brookline, MA 02446
 Tel. 617-734-8822 Fax 617-734-7772

Complete this document and submit to SNA as directed above. You will receive a letter indicating your booth space approximately 15 days before the show. Reber-Friel Co. will provide the Exposition Services including setup and booth equipment. Each exhibitor will receive a decorator kit. For shipping information contact Reber-Friel Co. 610-265-7310.

The firm and/or individual exhibitor agrees to the following terms, conditions and regulations as set forth by the Association, This document becomes a binding contract only after the Association accepts and gives written approval of this application.

1. Only those foods, products and services appropriate to School Food Service Programs including National School Lunch and Breakfast programs, vending programs and catering programs should be shown.
2. If cooking, exhibitor must provide a minimum 20-B; C fire extinguisher. Propane is prohibited. Cooking activities should conform to NFPA 101 Chapter 13-7.4.3.9.
3. Exhibitors will be allowed access to the Marlborough Best Western Royal Plaza Trade Center (BWRPTC) for booth setup from 7:30 a.m. on Tuesday, October 26, 2010. It is mutually agreed that it is the duty of each exhibitor to install the exhibit prior to the opening of the exhibition and to dismantle same at 4:30 p.m. on Tuesday, October 26, 2010. All work in connection with setup and take down, installation, construction and dismantling of displays and merchandise must be performed in accordance with union agreement, if any. Exhibit hours will be 12:30 – 4:30 pm Tuesday, October 26, 2010.
4. Exhibitor agrees to protect, save and hold harmless the Association and the BWRPTC from any damage or charges imposed for violation of any law or ordinance, whether occasioned by the negligence of the exhibitor or those holding under the exhibitor, as well as to strictly comply with the applicable terms and conditions contained in the agreement between the BWRPTC and the Association regarding the exhibition premises; and, further, exhibitor shall at all times protect, indemnify, save and hold harmless the Association and the BWRPTC against and from any and all loss, cost damage, liability or expense arising from, out of, or by reason or accident or their occurrence to anyone, including the exhibitor, its agents, employees and business invitee, which arises, from or out of or by reason of said exhibitor's occupancy and use of the exhibition premises or part thereof.
5. Exhibitor's personnel will be admitted to the exhibit hall areas by badge only. A maximum of 4 badges per booth are issued at NO CHARGE for exhibitor's personnel WORKING IN THE BOOTH ONLY. *Guests of exhibitors must pay regular attendee registration fees.* Members, delegates, program participants and visitors must wear badges in accordance with the rules of the Association, The general public will not be admitted to the exhibit hall. Non-exhibiting vendors will be charged the general registration fee.
6. **Full Payment for exhibitor space must accompany or follow this contract to guarantee your space. Make all checks payable to: School Nutrition Association of Mass. We do accept credit cards. Please call the SNA office to process credit card payments 617-734-8822.** The Association, in its discretion, shall have the right to postpone or cancel the conference and exhibit and shall be liable in no way to the exhibitor for losses resulting from such delay or cancellation. The Association will not be liable for the fulfillment of this contract as to the delivery of exhibit space if non-delivery is due to any of the following causes: by reason of the facility being damaged or destroyed by fire, act of God, public enemy, terrorism or insurrections, strikes, the authority of the law, postponement or cancellation of the Exhibition, or for any cause beyond their control. It will, however, in the event of its not being able to hold an exhibit for any of the above named reasons, reimburse exhibitor on a prorated basis on any amount paid, less any and all legitimate expenses incurred, such as but not limited to rent, advertising, salaries, operating costs, etc. There will be a \$100 processing fee for all refund requests for cancelled booths submitted in writing by September 24, 2010. After that date SNA of Mass. will not give refunds for both cancellations.

The undersigned company hereby contracts for booth space at the 2010 SNA of Mass. Annual Conference.

Co. name for the booth sign and promotion materials:

Broker Name _____

Local Contact Person _____

Mailing Address _____

City, State, Zip _____

Phone: Area Code & Number _____

Email Address _____

Products to be Exhibited _____

Office Contact _____

Phone: Area Code & Number _____

BOOTH ASSIGNMENTS WILL BE ON A FIRST-COME, FIRST-SERVE BASIS.

EXHIBIT BOOTH INCLUDES: 1 draped table, chair, wastebasket, 1 company ID sign. Please note carpeting is not included and may be ordered through Exposition Services. There are no kitchen facilities available.

- 8x10 Booth ■ Before 8/13/10 \$995 ■ After 8/13/10 \$1095
 - 8x10 split Booth* ■ Before 8/13/10 \$1100 ■ After 8/13/10 \$1200
- *Split booths are for brokers and only two companies per booth
- Yes, we'd like to join you for the dinner, auction, and entertainment Tuesday 10/26
- _____ (# tickets) @ \$50 per ticket = total _____

Total Enclosed _____

PREFERRED LOCATIONS
 See enclosed floor plan

- 1st choice _____
- 2nd choice _____
- 3rd choice _____

Vendors you would like to be near if possible

Vendors you would not like to be near if possible

If sharing a booth, please indicate with whom (only two companies per booth)

CORPORATE MEMBERSHIP

- Yes, I am a Gold or Platinum Corporate Patron Member and my booth has been paid. Member # _____
- Yes, I would like to become a Corporate Patron Member I will print the application from www.schoolnutrition.info and include it with payment with this form.
- Yes, I would like to become a Corporate Member. I will print the application from www.schoolnutrition.info and include it with payment with this form

I have read the Rules and Regulations and will abide by the policies set forth for the exhibitors by SNA of Mass.

Signature & Title _____ Date _____

SNA of Mass. Authorization _____ Date _____

Please complete the credit card information below and fax or mail with application to:

**SNA of Mass. 258 Harvard St., PMB 283, Brookline, MA 02446
Telephone 617-734-8822 Fax 617-734-7772**

PLEASE TYPE OR PRINT CLEARLY:

Company Name: _____

Contact Person: _____

Contact Signature: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ Fax: _____

Credit Card Number (Visa or MasterCard only) _____

Name on the Credit Card _____

Expiration Date _____

Credit Card billing address _____

City, State, Zip _____

Telephone _____
