



Exhibitor Application/Contract
12th Annual Western NC Safety & Health School Conference
November 7-9, 2011
Doubletree Biltmore
Asheville, NC

Company Name _____

Address _____

City/State/Zip _____

Please indicate: First Time Exhibitor Returning Exhibitor

Exhibits Contact: _____ Phone: _____

Email address: _____ Website: _____

Location Preference:

Booth Choice 1 _____ Booth Choice 2: _____ Booth Choice 3: _____

Located Close to Exhibitor (if any): _____

List Companies you would prefer to be located AWAY from: _____

Note: Preferences are granted on the basis of payment received. Requests will be honored as much as possible based on registration timing. Relocations must be discussed with, and will be granted only by the Exhibitor Chair.

Registered Representative Names as to appear on name tags:

Representative 1:

Full Name: _____ First Name on Badge: _____

Circle Designations: ARM ASP CSP CIH CHMM CHS CET MD PE Other; _____

Telephone # _____ E-Mail Address _____

Representative 2:

Full Name: _____ First Name on Badge: _____

Circle Designations: ARM ASP CSP CIH CHMM CHS CET MD PE Other; _____

Telephone # _____ E-Mail Address _____

Representative 3:

Full Name: _____ First Name on Badge: _____

Circle Designations: ARM ASP CSP CIH CHMM CHS CET MD PE Other; _____

Telephone # _____ E-Mail Address _____

Representative 4:

Full Name: _____ First Name on Badge: _____

Circle Designations: ARM ASP CSP CIH CHMM CHS CET MD PE Other; _____

Telephone # _____ E-Mail Address _____

Exhibit spaces for \$375.00 will include:

- Electrical outlet(110volt/20amp)
- 1 Covered table,
- 2 chairs
- Breaks/snacks
- Wednesday Lunch for 2 (additional tickets are available for cost)
- Monday Reception
- Availability to play in golf outing and participate in special events *(additional fees required)*
- Wi-Fi Access in Exhibitor Area
- Option to include printed materials in participants handout materials
- List of attendees and contact information as provided to board

_____ **If you are interested in outdoor space please check here and you will be contacted by the Exhibitor Chairperson to make arrangements.**

Set up for exhibitors are Sunday, November 6, 2008 from 3:00pm-5:00pm. Exhibitors can choose to set-up Monday during the all day workshops. There may be attendees on Monday that do not attend Tuesday – Wednesday sessions. Exhibitors are highly encouraged to participate in a portion of Monday exhibit times.

Exhibit times are November 7, 2010 from 7:30am-5:00pm, November 8, 2010 from 7:00am – 4:30pm, and November 9, 2009 from 9:00am – 2:00pm. Exhibitors are asked to donate a prize of at least \$25.00 value for drawing to be held during the reception or lunch.

SPECIAL OPPORTUNITY: We are looking for sponsors to support the cost of this conference and give you a way to advertise your product to a captive audience. Please consider sponsoring refreshment breaks, meals, golf tournament holes or the Monday Evening Reception. Please contact the following for questions regarding exhibitor booths, sponsorship, or program materials. Sponsors will have special recognition in the exhibit area as well as on all informational materials.

Exhibitor Team:Ric Cruz at (828)299-8232 or via email at ric.cruz@labor.nc.govRandy Cranfill at (336) 831-4299 or randy.cranfill@surryinsurance.comJonathan Gobble at (828) 508-1239 or jgobble@wciinc.org**To be a Sponsor or Tax Donation Documentation:**Cathy Coomer - Cathy.Coomer@buncombecounty.org (828) 250-5480

Program Speaker Faculty/One Day Workshops:

Lisa Foster-Morrow Lisa.Foster-Morrow@continental-corporation.com 828-654-2240

Jessica Ellis ellisj@blueridgepaper.com 828-454-0675

Sara McHone smchone@ashevillenc.gov 828-259-5971 / 5955

Special Events:

Andy Spradley aspradley@biltmore.com 828-225-6762

Golf Outing:

Chuck Cronk Ccronk@Ingles-Markets.com 828-669-2941 x 303

Please make checks payable and mail to Western NC Safety & Health School, P.O. Box 8428, Asheville, NC 28814 or payments and registrations may be completed on line at :

WWW.WNCSAFETY SCHOOL.COM .

Booths not paid for by the start of the conference or at the time of set-up will not be honored. Refund requests must be submitted in writing to the board. Refund requests received prior to October 7, 2010, 5:00pm EST will be paid in full less a \$50.00 processing fee. Refund requests requested after October 7, 2010, 5:00pm EST will be granted only through board approval and are reviewed the January following the conference.

We accept and agree to abide by the Exhibitor Rules of the Western NC Safety & Health Conference.

Signed _____ Date _____
(Signature /Date required)

Please list any comments or special requests below: