



**Exhibitor Application/Contract**  
**11<sup>th</sup> Annual Western NC Safety & Health School Conference**  
**November 8-10, 2010**  
**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 \$350.00 will include:**

- Electrical outlet(110volt/20amp)
- Thursday Lunch for 2 (additional tickets are available for cost)
- 1 Covered table,
- Thursday Reception
- 2 chairs
- Breaks/snacks
- Availability to play in golf outing and participate in special events
- Wi-Fi Access in Exhibitor Area
- Printed sign
- Option to include printed materials in participants handout materials

\_\_\_\_\_ **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 7, 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 8, 2010 from 7:00am-5:00pm, November 9, 2010 from 8:00am – 5:00pm, and November 10, 2009 from 8:00am – 1:30pm. Exhibitors are asked to donate a prize of at least \$25.00 value for drawing to be held during the reception.

There is also an opportunity to reserve the Ducker Tea Room for hands-on or classroom style demonstrations of products. This session will be communicated to attendees as a breakout session option. The cost is \$50.00/hour session.

***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 Tuesday 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 Information:**Kathy Osborne [kosborne@carepartners.org](mailto:kosborne@carepartners.org) (828) 277-4800 x4284Ric Cruz [ric.cruz@nclabor.com](mailto:ric.cruz@nclabor.com). 828-299-8232**To be a Sponsor:**Cathy Coomer - [Cathy.Coomer@buncombecounty.org](mailto:Cathy.Coomer@buncombecounty.org) (828) 250-5480

**Program Speaker Faculty/One Day Workshops:**

Lisa Foster-Morrow [Lisa.Foster-Morrow@continental-corporation.com](mailto:Lisa.Foster-Morrow@continental-corporation.com) 828-654-2240  
Jessica Ellis [ellisj@blueridgepaper.com](mailto:ellisj@blueridgepaper.com) 828-454-0675  
Sara McHone [smchone@ashevillenc.gov](mailto:smchone@ashevillenc.gov) 828-259-5971 / 5955  
Jeremy Nauert [nauertj@colbond.com](mailto:nauertj@colbond.com)

**Lead Renovation, Repair and Painting Rule / Exhibitor Demonstrations:**

Sean Barbee [sbarbee@griffinmasonry.com](mailto:sbarbee@griffinmasonry.com) 704-545-2722

**Biltmore Reception:**

Lisa Foster-Morrow [Lisa.Foster-Morrow@continental-corporation.com](mailto:Lisa.Foster-Morrow@continental-corporation.com) 828-654-2240  
Sara McHone [smchone@ashevillenc.gov](mailto:smchone@ashevillenc.gov) 828-259-5971 / 5955

**Golf Outing:**

Ben Stacy [Sftytrnr@aol.com](mailto:Sftytrnr@aol.com) (704) 336-2279  
Chuck Cronk [Ccronk@Ingles-Markets.com](mailto: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](http://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 8, 2010, 5:00pm EST will be paid in full less a \$50.00 processing fee. Refund requests requested after October 8, 2010, 5:00pm EST will be granted only through board approval and are reviewed the January following the conference.

Any question regarding Exhibitor information please contact Exhibitor Chairman Kathy Osborne at (828) 277-4800 x4284, [kosborne@carepartners.org](mailto:kosborne@carepartners.org) or Ric Cruz at 828-299-8232, [ric.cruz@nclabor.com](mailto:ric.cruz@nclabor.com).

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: