

Exhibitor Rule & Regulations

Trade Show Exhibit Site

The trade show will be held at the Holiday Inn in Fargo, ND.

Trade Show Hours

11:30 a.m. to 1:30 p.m.

Friday, April 20th, 2018

Join us for lunch too!

Electrical & Special Needs

Please request "electricity" on the contract. For Additional display equipment or special equipment needs, contact Mike Schwab at mschwab@nodakpharmacy.net or phone: 701.258.4968

Display Set-Up & Dismantling

Exhibitors may set up their exhibits anytime after 10:00 am Friday, April 20th, 2018. The Trade Show is scheduled to start at 11:30 a.m. Display dismantling must be completed by 2 p.m. April 20th, 2018.

Late, Fees, Refunds, and Cancellation Policy

April 3rd, 2018 is the deadline for exhibitor registration. Cancellations made after April 3, 2018 will not be refunded.

Please contact Mike Schwab at mschwab@nodakpharmacy.net or phone: 701.258.4968

Shipment of Materials

Please contact Mike Schwab at mschwab@nodakpharmacy.net or 701.258.4968 to make arrangements for the shipment of materials.

Payment of Exhibitor Fee

To reserve exhibit space, a deposit of at least one-half (50%) of the grand total exhibitor/sponsorship fee is due with completed contract. Remaining balance is due by April 3rd, 2018.

Complimentary Registration

Complimentary registration(s) provided to those who are sponsors of the convention. They will be sent to the contact person(s) listed on the Trade Show Exhibit registration form.

Hotel Reservations

Exhibitors are responsible for their own hotel accommodations. ND Annual Pharmacy Convention and Meeting participants are entitled to receive the special rate of \$112.00 plus tax per night, includes free parking. To ensure a room at this rate by, make hotel reservations by March 20, 2018 by calling the Holiday Inn at 800-282-2700.

Liability

The exhibitor, on signing the contract for exhibit space, expressly releases the North Dakota Pharmacists Association and their members and representatives, from any and all claims of injury, loss or damage that may occur to the exhibitor, the exhibitor's employees or the exhibitor's property from any cause whatsoever. Exhibitor shall be fully responsible to pay for any and all damages to property owned by the Grand Hotel and its owners or managers, which results from any act of omission of exhibitor.

Exhibitor agrees to defend, indemnify and hold harmless the Holiday Inn, NDPhA, owners, managers, officers, or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of any property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from or out of or by reason of any accident or bodily injury or other occurrences to any person or persons, including the exhibitor, its agents, employees, and business invitees, which arise from or out of the exhibitor's occupancy and use of the premises or any part thereof.

NDPhA Exhibitor Billing/ Payment Form

Sponsor/Exhibit Amount \$ _____

Amount Enclosed = _____

(minimum 50% Deposit is due with contract)

Payment Method

Check - Make payable to the North Dakota Pharmacists Association

Card - MC / VISA / AmEx

Name as it appears on card: _____

Card Number: _____

Security Code: _____ Exp. Date _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Phone number of Cardholder: _____

Authorized Signature: _____

To validate this contract & reserve a sponsorship opportunity or an exhibitor space:

- 1) Complete all information above pertaining to sponsorship and exhibitor elements that sponsor/exhibitor wishes to reserve.
- 2) Sponsor/Exhibitor understands and agrees to comply by the rules and regulations of the contract. (Please pass information to personnel who will attending)
- 3) Read and acknowledges the important dates for items to be due.
- 4) Completed & signed contract must be accompanied with a 50% deposit payment.

By signing, I accept and agree to the terms & conditions of this contract:

Authorized Signature: _____ Date: _____

Title: _____

For Office Use Only

Date Received: _____ Payment Recorded: _____ Invoice after conference _____

Logo Received: _____

Notes: