

Exhibitor Regulations

Trade Show Exhibit Site

The trade show will be held in Bismarck at the Radisson Inn.

Trade Show Hours

12:00 PM to 3:30 PM

Friday, April 5, 2019

Join us for lunch as well!

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 starting at 10:30 AM Friday, April 5, 2019. The Trade Show is scheduled to start at 12:00 PM. Display dismantling must be completed by 4:30 PM April 5, 2019.

Late, Fees, Refunds, and Cancellation Policy

March 18, 2019 is the deadline for exhibitor registration. Cancellations made after March 29, 2019 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 arrange 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 March 18, 2019.

Complimentary Registration

Complimentary registration(s) provided to those who are sponsors of the convention. Registration notification 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. The ND Annual Pharmacy Convention and Meeting participants are entitled to receive the special rate of \$119.00 plus tax per night, includes free parking. To ensure a discount rate, make hotel reservations by March 4, 2019 by calling the Radisson Inn at 1-800-333-3333 or book online at www.radisson.com/reservations. If booking online, please use Promo Code: PHAR19

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 property.

Exhibitor shall be responsible to pay for any damages to property owned by the Radisson Inn and its owners, which results from any act of omission of the exhibitor.

Exhibitor agreed to defend, indemnify and hold harmless the NDPhA, officer or directors from any damages or charges resulting from the exhibitor's use of the property during the trade show/vendor fair.

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 due.
- 4) Completed & signed contract must be accompanied with a 50% minimum deposit payment.

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

Authorized Signature: _____ Date: _____

Title: _____

For Office Use Only

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

Logo Received: _____

Notes: