



Approved Supplier/Programmer Exhibit Booth Application

Minneapolis Convention Center | October 5, 2021

EXHIBIT BOOTH OPTIONS	\$5,000	\$8,500								
	10x10 Booth	10x20 Booth								
CUSTOM BOOTH UPGRADE (Hard wall construction, header & counter custom graphic included)	\$2,500	\$5,000								
EXHIBIT HALL GAME (Limited to 20 participants, see prospectus for details)		\$ 500								
Exhibitor Company Information (please list EXACTLY as it should appear in published materials)										
Company Name										
Company Address										
City St Zip	State:	Zip:								
Company Phone										
Company Website/URL										
Company Description <i>50 words or less</i> <i>This information is posted on the online exhibit floor plan, the conference program and app.</i>										
Administrative Contact Name										
Administrative Contact Email / Phone	Phone:									
Booth Staff #1 (onsite contact)										
Exhibitor Attendee Name										
Title										
E-mail Phone	Phone:									
Special needs (physical or dietary)										
Emergency contact and phone										
Booth Staff # 2										
Exhibitor Attendee Name										
Title										
E-mail / Phone	Phone:									
Special needs (physical or dietary)										
Emergency contact and phone										
Assignment of Space										
<p style="text-align: center;">Booth Selection Process</p> <ol style="list-style-type: none"> 1. Exhibitor will be assigned a call-in date/time based on their position in the TIS Priority Points Schedule subject to the deadlines listed on this form. 2. Exhibitor will be notified via email their assigned call-in time. 3. Exhibitor will select their booth location during their assigned call-in. 	<p style="text-align: center;">Assignment of Space Schedule</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">July 22</td> <td>App & payment due for round 1 assignments</td> </tr> <tr> <td>July 29</td> <td>App & payment due for round 2 assignments</td> </tr> <tr> <td>August 3</td> <td>Booths assigned upon receipt of application</td> </tr> <tr> <td>August 30</td> <td>Booth sales closed</td> </tr> </table>		July 22	App & payment due for round 1 assignments	July 29	App & payment due for round 2 assignments	August 3	Booths assigned upon receipt of application	August 30	Booth sales closed
July 22	App & payment due for round 1 assignments									
July 29	App & payment due for round 2 assignments									
August 3	Booths assigned upon receipt of application									
August 30	Booth sales closed									
Payment Options										
<p><u>If paying by check:</u> Checks and international money orders to be made payable to NCTC. Check to be drawn on U.S. Bank Accounts only. Mail check to: NCTC 11200 Corporate Ave Lenexa, KS 66219</p> <p><u>If paying by wire transfer:</u> Bank transfer to: UMB Bank 1010 Grand Street Kansas City, MO 64141 Account # 9801201166 ABA # 101000695 Swift Code: UMKCUS44</p>	<p><u>If paying by credit card:</u> NCTC will forward a secure payment link for all credit card payments. Payment must be made before your application can be fully processed.</p> <p><u>Payment Policy:</u> Full payment is due with the submission of the exhibit booth application. Applications will not be processed until payment is received.</p>									
<p>SIGNATURES. I, the exhibitor, have read this Exhibitor Application and the Exhibitor Contract (together, the "Agreement") and agree to be bound by and comply with the Agreement and any rules and regulation. I am authorized and have full authority to bind myself and/or my company.</p>										
<p>By: _____</p> <p style="display: flex; justify-content: space-between;">Authorized SignatureName (Please print)TitleDate</p>										



Additional Exhibitor Application

October 4-6, 2021

Minneapolis Convention Center | Minneapolis, MN

Please complete information for each additional attendee.
Copy and attach additional sheet(s) if necessary.

Additional Exhibitor Attendee Information	
Company	
Exhibitor Attendee Name	
Title	
Address, City, State, Zip	
E-mail	
Phone	
Special needs (physical or dietary)	
Emergency contact and phone	
Additional Exhibitor Attendee Information	
Company	
Exhibitor Attendee Name	
Title	
Address, City, State, Zip	
E-mail	
Phone	
Special needs (physical or dietary)	
Emergency contact and phone	
Additional Exhibitor Attendee Information	
Company	
Exhibitor Attendee Name	
Title	
Address, City, State, Zip	
E-mail	
Phone	
Special needs (physical or dietary)	
Emergency contact and phone	
Registration Fees	
Additional Exhibitor Registration Fee Registration fee covers all meals, educational sessions (not listed as operators only) and group events. Due to the inclusive nature of our conference, exhibit only passes will not be offered. All registration fees must be paid at time of registration.	Standard _____ @ \$650 Onsite (Begins 9/20) _____ @ \$750 Total Amount Due: _____
Payment Information	
Payment Policy: All payments are due at time of registration. If paying by check: Checks and international money orders to be made payable to NCTC. Check to be drawn on U.S. Bank Accounts only. Mail check to: NCTC 11200 Corporate Ave Lenexa, KS 66219 If paying by wire transfer: Bank transfer to: UMB Bank 1010 Grand Street Kansas City, MO 64141 Account # 9801201166 ABA # 101000695 Swift Code: UMKCUS44 If paying by credit card: NCTC will forward an online payment link to pay with a credit card. You may also call in your payment to Lisa Miller 913.310.1550	