

# EXHIBITOR INFORMATION

## North Carolina SHRM State Conference

September 17-19, 2014

Greenville, North Carolina

[exhibitors@hookedonhr.com](mailto:exhibitors@hookedonhr.com)

The annual North Carolina SHRM State Conference is the ideal marketing opportunity to reach the majority of Human Resources professionals and promote your company brand.

Sign up early and get the best location!

### BOOTH INFORMATION:

- ✓ Size is 10' x 10"
- ✓ 8' skirted table
- ✓ 2 chairs
- ✓ 8' high backdrop
- ✓ 3' high side rails
- ✓ Free Wi-Fi

### Exhibitor Benefits:

- ✓ Two (2) booth attendee passes
- ✓ Two (2) lunch tickets for Wednesday & Thursday
- ✓ Two (2) tickets for Wednesday networking social
- ✓ Organization's name, contact information and website address included in the Conference Guide and on the Conference website.
- ✓ Post Attendee contact information

### TABLE INFORMATION:

- ✓ **Located in high traffic patron hallway**
- ✓ 8' skirted table
- ✓ Free Wi-Fi
- ✓ 2 chairs

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- ✓ Two (2) lunch tickets for Wednesday & Thursday
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### The exhibit hall hours/schedule:

- Set-up: Wednesday, 7:00am – 10:00am
- Open: Wednesday, 10:00am – 6:00pm and Thursday, 8:00am - 5:00pm
- Tear Down: Friday by 5:00pm (*Tear down may not occur during the luncheon, closing ceremony or during any programs*)

We will be drawing for door prizes, during closing ceremonies on Friday afternoon. If you are planning to donate an item for the drawing, please notate on the registration form, so we can include this information in our program. Please be prepared to turn in winners and prizes, as we will collect all items Thursday evening. Winners must be present to win for Friday's drawings.

Accommodations are provided, at a discounted group rate. Please visit our website for more information at: [www.hookedonhr.com](http://www.hookedonhr.com) and [www.greenvilleconventioncenter.com](http://www.greenvilleconventioncenter.com).

**Please return your completed exhibitor agreement and payment forms, no later than 07.15.14, to confirm attendance and secure your booth selection. (Envelope and W-9 enclosed)**





# EXHIBITOR AGREEMENT

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[exhibitors@hookedonhr.com](mailto:exhibitors@hookedonhr.com)

Company \_\_\_\_\_ Contact \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Company product(s) or service(s) to be marketed: \_\_\_\_\_

### Booth Options

- |  |   |
|--|---|
| <input type="checkbox"/> Main Hallway Table 8' = \$600 | <input type="checkbox"/> Side Hallway Table 8' = \$500          |
| <input type="checkbox"/> Regular Booth 10'x10' = \$700 | <input type="checkbox"/> Double Booth 20'x20' = \$1,300         |
| <input type="checkbox"/> Premium Booth 10'x10' = \$850 | <input type="checkbox"/> Double Premium Booth 20'x20' = \$1,600 |

We request NOT to be in the proximity of the following exhibitor/s:

\_\_\_\_\_

Do you need electricity for your booth/table? (Please circle) Yes / No

Will you be donating a prize for the Friday drawing? (Please circle) Yes / No

If so, please describe \_\_\_\_\_

Please send your required information listed below to [exhibitors@hookedonhr.com](mailto:exhibitors@hookedonhr.com)

- ✓ Company name to be displayed on signage and program
- ✓ Company logo in a .jpeg format (300 dpi or higher)
- ✓ 40-word description of your company for our program

### Agreed and accepted by:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

### Exhibitor cancellation policy:

- Once payment has been received, no refund will be provided.

- The conference committee reserves the right to cancel any exhibitor opportunity at any time upon default by the vendor in payment of bills or event of any other breach of these terms and conditions by the vendor.  
If there are any changes to this contract after submission, a change order must be completed and approved by the conference committee prior to the fulfillment of advertising opportunity.



## Exhibitor Payment Information

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[exhibitors@hookedonhr.com](mailto:exhibitors@hookedonhr.com)

I will pay online at [www.hookedonhr.com](http://www.hookedonhr.com) (access available on 10.02.13)

I authorize NCCSHRM to charge \$ \_\_\_\_\_ to:

VISA

MASTERCARD

AMERICAN EXPRESS

**Name as it appears on credit card:**

\_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV2 Number (last three digits on back) \_\_\_\_\_

Billing address (if different from above) must match the credit card.

\_\_\_\_\_

\_\_\_\_\_

I will pay by check (envelope enclosed)

✓ Please make check out to: NCCSHRM

✓ Mail check to: NCCSHRM

P.O. Box 1601

Greenville, NC 27835

**Agreed and accepted by:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

North Carolina Coastal SHRM Tax ID Number is – **61.1613824**



AFFILIATE OF



SOCIETY FOR HUMAN  
RESOURCE MANAGEMENT

