**2022 NCAP Annual Convention**

**Exhibitor and Sponsorship Agreement**

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| --- | --- |
| **Company** (name displayed on the event platform) | **Contact Person** (confirmation and receipt will be emailed)**Contact Email** |
| **Company Phone** **Company Fax****Company Email** | **Street Address****City/State****Zip** |
| **Name of Rep(s) Attending** (2 are included in the prices)**Additional Reps** ($100 each after 2) | **Rep Email(s)**  |

**Please display the following information on your event platforms:**

**[ ]  Representative(s) contact information for attendees to reach out to you**

**[ ]  Company logo**

**[ ]  PDF, PNG, JPEG documents about my products and/or services**

**[ ]  Company website link, social media links and/or other resource links**

**I am interested in the following practice area(s): [ ]  Chronic Care [ ]  Health-System [ ]  Community [ ]  Ambulatory [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment information:** \*Payment must be received by May 1, 2022 to secure your spot

**[ ]  My company would like to be an [ ]  Exhibitor $995** (Lunch 12 – 2 PM) **[ ]  VIP Exhibitor $1,995** (All Day - Limited Spots for First 10)

**[ ]  My company would like to be a Sponsor [ ]  Platinum ~~$15,000~~** $7,000 **[ ]  Gold ~~$7,000~~** $3,500 **~~[ ]  Silver $3,500~~** Full

**[ ]  My booth will need a 110v/20amp electrical outlet [ ]  Yes [ ]  No -** \*I will include an additional $60 for each booth

**[ ]  A formal invoice is needed for payment** \*Tax ID number is 56-0548264

**[ ]  A check is being sent from our office in the amount of $\_\_\_\_\_\_\_\_**

**[ ]  Charge $\_\_\_\_\_\_\_\_ to my [ ]  Visa [ ]  MasterCard [ ]  AmEx [ ]  Discover # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name as it appears on the card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date \_\_\_\_\_\_\_\_\_ Sec Code \_\_\_\_\_\_\_\_\_**

 **Billing Address** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* Agreement may be emailed to Rhonda at Rhonda@ncpharmacists.org – Agreement and payments must be received by May 1, 2022

\* Checks can be mailed to: Attention: 2022 Exhibit Program at NCAP, Brighton Hall, 1101 Slater Road, Suite 110, Durham, NC 27703

\* All electrical requests must be received 14 days prior to move-in to receive the advanced price. After May 25, 2022, the price will be $85. NCAP is not responsible for any additional costs that will occur with electrical. All payments for floor orders must be paid at the time of the request.

\* Cancellation Policy: A cancellation fee equal to 50 percent of the full agreement will be assessed for cancellations received in writing prior to

May 1, 2022. After May 1, 2022, this contract is noncancellable, and the exhibitor/sponsor will be liable for the full agreement price and terms of said

agreement. No refunds will be made after May 1, 2022.