EXHIBITOR APPLICATION

COMPANY/ORGANIZATION:

Please note: The company/organization information will be used on a two line booth identification sign.

2016 NCPTA Exhibitor Fee Schedule

Item	Fee	QTY	Amount Due	Item	Fee	QTY	Amount Due
Exhibit Booth	$750		$ 0	Transposium Book ¼ pg.	$250		$ 0
Display Bus 72P	$4,500		$ 0	Transposium Book ½ pg.	$275		$ 0
Display Bus 60-71P	$3,500		$ 0	Transposium Book Full pg.	$325		$ 0
Display Bus >59P	$3,000		$ 0	Exhibitor Product Demo	$200		$ 0
Mailing Address for exhibitor forms and payment: **Brian Littke** **1621 Pinecrest Rd** **Rocky Mount, NC 27803**				Additional Name Badges	$25		$ 0
				TOTAL DUE			$ 0

The above company/organization would like to reserve exhibit space and services as outlined above. Booth space is assigned only when accompanied by payment in full. The Exhibit Application, Sponsorship Form, Exhibitor Badge Form, and Exhibitor Product Demonstration Form must be postmarked or emailed by April 30, 2016. We cannot accept credit cards for payment. All checks are to be drawn on US Funds.

We would ☐ prefer or ☐ not prefer to be next to: _____ at the Trade Show.
(Every attempt will be made to honor your request.)

Products or Services to be exhibited:

_____

_____

_____

Contact information:

Name: _____

Title: _____ Email: _____

Contact Phone: _____

By submitting this application and payment in full, the undersigned:

- Authorizes the North Carolina Pupil Transportation Association (NCPTA) to reserve exhibit space at the Crowne Plaza Resort & Expo Center for use by the above organization during the 62nd NCPTA Annual Transposium Trade Show, June 22, 2016.
- Acknowledges receipt of and agrees to abide by the Exhibit Rules and Regulations included in the NCPTA Exhibitor Information Pack and to all conditions under which exhibit space at the Crowne Plaza Resort & Expo Center leased by NCPTA.
- Acknowledges that space will be assigned by NCPTA in the order complete registrations received and at the discretion of NCPTA.
- No refunds will be granted

Authorized Signature: _____ Date: _____

Name: _____ Title: _____

(NCPTA Use Only)

Date Received: _____ Check# _____ Amount: _____

Booth # Assigned: _____ Booths ☐ 1 ☐ 2 ☐ _____