



# Exhibitor Contract/Registration Form

## 2020 American Indian Elders Conference

### EXHIBITOR INFORMATION

PLEASE TYPE OR PRINT CLEARLY

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Badge Name 1: \_\_\_\_\_ Badge Name 2: \_\_\_\_\_  
(We must have names when you submit the contract)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Organization/Tribe: \_\_\_\_\_

Email: \_\_\_\_\_

### COVENANT

Acceptance of the application constitutes a contract to use the space assigned by the National Indian Council on Aging, Inc. (NICOA). NICOA retains the right to assign and/or change exhibit locations for unavoidable problems due to circumstances beyond the control of the parties involved. NICOA reserves the right to refuse exhibit space to any applicants whose exhibit is deemed not to be in the best interest of the organization. The Exhibitor indemnifies and agrees to hold harmless NICOA and the Nugget Casino Resort, their officers, directors, employees, and agents from and against any actions, losses, costs, damages, claims, and expenses (including attorney's fees) arising from any damage to property or bodily injury to Exhibitor, his/her agents, representatives, employees by reason of the Exhibitor's occupancy or use of exhibition facilities. Exhibitor agrees not to deface or damage the Nugget Casino Resort. In accordance with these rules and regulations governing exhibits for the 2020 Conference, August 16-21, 2020, the undersigned makes application for exhibit space and encloses the full fee for each space requested. Sale of food items is prohibited.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

#### PLEASE NOTE

When signed Exhibitor Contract and **PAYMENT** is received, you will receive your packet from NICOA's Conference Coordinator. This packet will include information and additional costs for shipping, ordering of electricity, etc. Conference expenses are used to defray NICOA operating costs. Therefore, it is NICOA's policy **NOT TO REFUND** Exhibitor Contract fees for any reason including cancellation. **Do not mail forms after August 1, 2020.** Faxed copies of form and/or payment do not constitute payment. You will receive a confirmation of registration by email.

#### EXHIBITOR SCHEDULE

<b>Move-In/Set-Up:</b>	<b>10 a.m. – 5 p.m.</b>	<b>Sunday, 08/16/2020</b>
<b>Exhibit Hours:</b>	<b>8 a.m. – 8 p.m.</b>	<b>Monday, 08/17/2020- Thursday, 08/20/2020</b>
<b>Exhibit Hours:</b> <b>Move Out:</b>	<b>8 a.m. – 3 p.m.</b> <b>3 – 5 p.m.</b>	<b>Friday, 08/21/2020</b>

#### PLEASE CHECK EXHIBITOR CATEGORY

- \$400 American Indian Artisans & Merchants
- \$800 Nonprofit Organization
- \$900 Government / Federal Agency / Tribal Government
- \$1,500 Corporate / For Profit Entities

Exhibitor registration fee includes use of one exhibit sign, a 10 x 10 area, a table, two chairs, and two conference registrations providing access to any activities or meals furnished on site for the two (2) designated people exhibiting. Please consider donating an item of \$25 or more to our raffle.

#### PLEASE SEND FORM AND PAYMENT BY AUGUST 1, 2020 TO:

National Indian Council on Aging, Inc.  
ATTN: 2020 NICOA Conference  
8500 Menaul Blvd. NE, Suite B-470  
Albuquerque, NM 87112-2284

#### FOR INFORMATION CONTACT:

Cheryl Archibald, Executive Assistant  
Phone: (505) 292-2001  
Fax: (505) 292-1922  
Email: [carchibald@nicoa.org](mailto:carchibald@nicoa.org)

#### NICOA USE ONLY:

Rec'd by / Date: \_\_\_\_\_ To Finance: \_\_\_\_\_ Growth Zone DBS Entry: \_\_\_\_\_

Scan: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Booth Number: \_\_\_\_\_

Spreadsheet: \_\_\_\_\_ Check Number: \_\_\_\_\_