

Exhibitor Agreement Form

NAOHSM's 57th Annual Convention & Trade Show
Rhode Island Convention Center, Providence RI – May 23-26, 2010

Exhibit Days: Tuesday, May 25th – Opening at 11:00 a.m.

Wednesday, May 26th – 11:00 start

CONTACT INFO: Phone: 888-552-0900 or Fax: 717-625-3077 OR jgarber@naohsm.org

Mailing Address: NAOHSM, P.O. Box 67, East Petersburg, PA 17520

Company (Exhibitor): _____ # of Booths Billed: _____

(How you wish to be listed on the Booth Sign and Show Guide)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Website Address: _____

Please Note: We are holding our 2009 pricing of \$1195.00 per booth and each space is 10 ft. x10 ft.

***NOTE: NO Booth Assignments will be made without the required deposit.**

Products or Services to be on display (YES ALL ALTERNATIVE FUELS ARE PERMITTED ON THE FLOOR):

The undersigned is responsible for show details and authorized to sign on behalf of the company:

Name: _____ Signature: _____

Title: _____ Date: _____

Payments:

Deposit of \$500.00 per booth space is due October 2, 2009 and Final or Full payment is required no later than February 26, 2010.

Payment can be made by check or we accept credit cards for payment (Visa, MasterCard or American Express)

Credit Card Number: _____ Exp Date: _____