

**NATIONAL CONGRESS OF AMERICAN INDIANS**  
**73rd Annual Convention & Marketplace**  
**October 9 - 14, 2016**  
**Phoenix, Arizona**  
**EXHIBITOR CONTRACT**

PLEASE TYPE OR PRINT CLEARLY.

EXHIBITOR CONTRACT MAY BE DUPLICATED

Contact Person:			Telephone:
Email:			Fax:
Name of Organization/Tribe (signage purposes):			Website: https://www.
Mailing Address:			Twitter Handle:
City:	State	Zip Code:	LinkedIn URL:
<b>BADGE NAMES (1):</b>			<b>(2)</b>
Brief Description:			Facebook URL:
			Convention Registration Fees are not included in Exhibitor Contract Fees

BOOTH			PAYMENT
<input type="checkbox"/> \$750 Tribe <input type="checkbox"/> \$900 Non-Profit Organization or Educational Institution <input type="checkbox"/> \$750 Indian Arts & Crafts	<input type="checkbox"/> \$1,000 Tribal Entrepreneur or Tribal Enterprise <input type="checkbox"/> \$1,000 Tribal Media Exhibitor	<input type="checkbox"/> \$1,800 Corporaton <input type="checkbox"/> \$1,800 State/Federal Agency <input type="checkbox"/> \$1,800 Media Exhibitor	\$75 Early Take Down Fee if applicable _____  <div style="text-align: center;"><b>TOTAL</b></div> <div style="text-align: center;">\$ _____</div>

**COVENANT**

This application for exhibit space was made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 2016, by and between The National Congress of American Indians, hereinafter referred to as "NCAI," and \_\_\_\_\_, hereinafter referred to as "Exhibitor." Application for space and its acceptance constitutes a contract to use the space assigned. NCAI retains the right to assign and/or change exhibit locations for the best interests of the Organization. The Exhibitor indemnifies and agrees to hold harmless NCAI and Phoenix Convcention Center, 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 agents, representatives, employees by reason of the Exhibitor's occupancy or use of the exhibition facilities. In accordance with these rules and regulations governing exhibits for the 73rd Annual Convention & Marketplace, October 9-14, 2016, the undersigned makes application for exhibit space and encloses the full fee for each space requested.

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

**\*\*\* TRADESHOW SCHEDULE\*\*\***

When signed Exhibitor Contract and PAYMENT is received, you will receive your exhibitor packet from NCAI's designated Trade Show Decorator. This packet will include information on shipping, ordering of electricity, phone lines, etc. Convention expenses are used to defray NCAI operating costs. Therefore it is NCAI's policy **NOT TO REFUND** Exhibitor Contract fees for any reason including cancellation. \*\*\*If arts or craft items are left in the trade show booth area after closing of the trade show each day, you do so at your own risk, and NCAI will not be responsible for any thefts, lost items or damage.\*\*\*

Move In: Monday, October 10th at 7:30 am to Noon  
 Hours: Monday, October 10th from Noon to 5:00pm,  
 Tuesday through Thursday 9:00am to 5:00pm,  
 Move Out: Thursday, October 13 at 5:00 pm to 8:00pm  
**Indian Arts & Crafts Only**, Friday October 14 from 8:30am- Noon

There is a \$75 Penalty Fee for Early Take Down of Booth

METHOD OF PAYMENT	ADDITIONAL NAME BADGES	FURTHER INFORMATION
To Pay by Credit Card please contact Lee Lovelace [202] 466-7767 Ext. 229  <input type="checkbox"/> Enclosed is a check or money order payable to The National Congress of American Indians	_____ _____ _____ _____	Contact <b>Lee Lovelace</b> at [202] 466-7767 Ext. 229 or by email to llovelace@ncai.org or visit our website at www.ncai.org

**MAILING INFORMATION**

MAIL PAYMENT TO: NATIONAL CONGRESS OF AMERICAN INDIANS 1516 P St. NW Washington, DC 20005	<b>Agenda Print Deadline: Friday, September 16, 2016</b> <b>Contracts may be accepted after the deadline date based on availability.</b>
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**FOR NCAI STAFF USE ONLY (Please do not write below this line)**

TOTAL PAYMENT RECEIVED: \$	RECEIVED BY:
CREDIT CARD AUTHORIZATION NUMBER:	DATE:
CHECK NUMBER:	