

# CAPCA SPRING EXHIBITION



**6588 Glenwood Avenue  
Raleigh, NC 27612**

## Application and Contract for Booth Space

**Exhibit Dates: April 15-17, 2026 • Omni Grove Park Inn • Asheville, NC**

Application Date: \_\_\_\_\_

Applicant applies for one of the following booth locations (list 6 choices) at \$1,400 per space.

(This fee does not include anyone working in the booth.)

Choice	Booth Number(s)	Choice	Booth Number(s)
1.	_____	4.	_____
2.	_____	5.	_____
3.	_____	6.	_____

\$\_\_\_\_\_ is enclosed. (Spaces cannot be reserved without a check.)

Website \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signed By: \_\_\_\_\_ Printed Name of Signatory \_\_\_\_\_

Yes  No Our company will be sponsoring a door prize.

Yes  No We need power in the booth

Exhibitor shall be fully responsible to pay for any and all damages to property owned by the Resort, its owners, or managers which results from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless the Resort and its officers, directors, partners, agents, members, managers and employees (collectively, the "Resort indemnified parties") from and against any and all demands, claims damages to persons or property, losses and liabilities, including reasonable attorneys' fees (collectively "Claims") arising out of or caused by the Exhibitors or its members', agent's, employees', independent contractors' negligence in connection with the use of property owned by the Resort, except to the extent and percentage attributable to the Resort's negligence. Exhibitor's liability shall include all losses, costs, damages or expenses arising from or out of or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of Exhibitor's occupancy and/or use of the exhibition premises, the Resort or any part thereof. The Exhibitor understand that the Resort does not maintain insurance covering the Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain such insurance.

Signature: \_\_\_\_\_

Name & E-mail address of designated person to receive attendee list electronically:

Name \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Central Exhibit Contract (if other than signatory)

Name \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### CAPCA OFFICE USE ONLY

Check received?  Yes  No

Check # \_\_\_\_\_

Eligible for discount?  Yes  No

Date Received \_\_\_\_\_

Booth #s Assigned \_\_\_\_\_

Date \_\_\_\_\_

Check Amount \_\_\_\_\_

Signature of Board Member \_\_\_\_\_

# CAPCA SPRING EXHIBITION

## Spring 2025 CAPCA Exhibitor Registration Form

6588 Glenwood Avenue Raleigh, NC 27612

Name: \_\_\_\_\_

Preference on Name Tag: \_\_\_\_\_

Please check appropriate category:

Academia  Consultant  Equipment Sales  Legal  Regulatory  Environmental Services & Supply  
 Industry  Government: State/Local/Federal/Municipality  Other: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Enclosed is my check for the following:

\$525 Registration Member  
 \$50 Membership Dues for 2026  
 \$690 Registration Non-member  
 \$700 Walk-Ins

SPOUSE OR GUEST REGISTRATION FORM: (1 guest per CAPCA attendee)

Participant's Name: \_\_\_\_\_

Spouse/Guest's Name: \_\_\_\_\_

\$85 Wednesday Night Symposium  
 \$60 Thursday Lunch  
 \$85 Thursday Night Symposium  
 \$\_\_\_\_\_ Total Amount Owed for Spouse/Guest

**YOUR CANCELED CHECK IS YOUR RECEIPT**

Additional Receipt Required  
**One (1) Person Per Form –**  
**Please copy for additional workers**  
Fed. Tax I.D. #58-1314418

CAPCA Office Use Only	
Check/Cash Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check #	_____
Date Received:	_____
___ dues.....	\$50
___ registration member .....	\$525
___ registration non-member .....	\$690
___ walk-ins .....	\$700
___ guest .....	\$_____
	Amount Paid \$_____
Booth #	_____
_____ Signature of Board Member	