

CAPCA FALL EXHIBITION



6300 Creedmoor Rd.
Ste. 170-351
Raleigh, NC 27612

Application and Contract for Booth Space

Exhibit Dates: October 23-25, 2024 • Hilton • Myrtle Beach, SC

Application Date: _____

Applicant applies for one of the following booth locations
(list 6 choices) at \$1,250 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 FALL EXHIBITION

Fall 2024 CAPCA Exhibitor Registration Form

6300 Creedmoor Rd. • Ste. 170-351 • 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:

- \$440 Registration Member
- \$50 Membership Dues for 2024
- \$595 Registration Non-member
- \$650 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	\$440
___ registration non-member	\$595
___ walk-ins	\$650
___ guest	\$_____
	Amount Paid \$_____
Booth #	_____
_____ Signature of Board Member	