

## EXHIBITOR APPLICATION

### 24th Annual Conference on Problem Gambling Prevention, Research, Recovery & Treatment: *Innovation, Integration, Implementation*

June 9-12, 2010 ♦

Hilton Portland & Executive Tower ♦

Portland, Oregon

Please type or print clearly. Complete all items with personal contact information provided in the manner you wish it to appear in the conference program.

Organization/Company: \_\_\_\_\_

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

City/state/zip/country: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Web site: \_\_\_\_\_

Name of representatives to receive an exhibitor name badge (limited to two per booth).

1. \_\_\_\_\_ 2. \_\_\_\_\_

#### **BRIEF DESCRIPTION (TO BE USED IN CONFERENCE MATERIALS. 200 WORD MAX)**

Please describe the nature of your association or agency and the services you provide.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **EXHIBITOR PACKAGES (PLEASE CHECK ALL THAT APPLY)**

Exhibit packages include name on literature, name on conference Web site, one six-foot long draped table, one trashcan, two chairs, two name badges, and one meal package (as shown below).

Note: If you will need electricity or drayage service, please include the (completed) order form that has been provided by the hotel. The hotel may add additional fees for these services.

<u>Item</u>	<u>For-Profit</u>	<u>Non-Profit</u>	<u>Subtotal</u>
<u>Registration</u>			
Exhibit plus one full registration <i>*Please complete the registration information on last page of this form.</i>	<input type="checkbox"/> \$850	<input type="checkbox"/> \$550	\$ _____
Exhibit only	<input type="checkbox"/> \$500	<input type="checkbox"/> \$200	\$ _____
<u>Additional Options</u>			
Registration Bag Materials/ Take One Displays <i>* Please send 500 of each item to NCPG. Materials must be received by June 1 to be included with the registration materials</i>	<input type="checkbox"/> \$150 each times # of items: _____		\$ _____
Additional Meal Package(s) <i>* Includes Welcome Reception (Th evening), continental breakfast, snack breaks and lunch each day</i>	<input type="checkbox"/> \$125 each _____ of packages:		\$ _____
NCPG Membership Renewal/Join Now.	<input type="checkbox"/> \$50		\$ _____
<b>TOTAL AMOUNT DUE:</b>			\$ _____

*continued on reverse*

## SPECIAL EVENTS AND MEALS

The conference offers several special events that you are welcome to attend. Please visit the conference website for additional information on optional events.

Each exhibit fee includes one meal package; additional meal packages may be purchased.

## EXHIBIT HOURS

The Exhibit Hall will be located on the Plaza Level in the Plaza Foyer of the Hilton Portland & Executive Tower. Elevators are available from the main lobby. Installation of exhibits may begin at 5:00 p.m. on Thursday, June 10th. Any space not claimed and occupied before 1 p.m. on Friday may be reassigned, unless notice of late arrival is received and alternate arrangements are made with the NCPG.

	<u>Set-up</u>	<u>Exhibit Hours</u>	<u>Close/Dismantle</u>
<b>Thursday, June 10</b>	5:00 p.m. – 7:00 p.m.	7:30 a.m. - 5:30 p.m.	
<b>Friday, June 11</b>	6:00 a.m. - 8:30a.m.	7:30 a.m. - 1:00 p.m.	
<b>Saturday, June 12</b>			1:00 p.m. – 3:00 p.m.

***No assignments for exhibit space will be made without full payment.***

*\*Exhibit applications received after June 1, 2010, will not be listed in the Conference Program*

*\*The 2010 Conference Planning Committee reserves the right to reject any exhibit that does not conform to the standards of the NCPG*

## PAYMENT INFORMATION

Check / Money Order #: \_\_\_\_\_ (make payable to: National Council on Problem Gambling)

Purchase Order #: \_\_\_\_\_ (include copy with your completed exhibit application)

Credit Card Information:  Visa  Master Card  American Express

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSV Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

## REGISTRATION INFORMATION (FOR COMBINATION RATES ONLY)

Please complete and return this page if you submitted an exhibit plus one conference registration.

Register the person listed as the contact person on the exhibitor application.

*Please provide the following additional information:*

Credentials (if applicable): \_\_\_\_\_

Register the following individual instead of the exhibit contact person.

Please complete all requested information with personal contact information provided in the manner you wish it to appear in any conference materials (i.e. name badge, etc.).

Name: \_\_\_\_\_ Credentials/Title: \_\_\_\_\_

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

City/state/zip/country: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Web site: \_\_\_\_\_

## SPECIAL NEEDS (PLEASE CHECK ALL THAT APPLY)

Dietary:  Vegetarian

Low Sodium

Mobility:

Wheelchair

**EXHIBITOR APPLICATION ADDENDUM  
AGREEMENT INFORMATION**

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**AGREEMENT**

The sponsor will check-in at the registration table prior to set-up. All demonstrations and other promotional and sales activities must be confined to the limits of the exhibit space. The National Council on Problem Gambling (NCPG), Oregon Council on Problem Gambling (OCPG), Oregon Department of Human Services (ODHS) and the hotel insurance policies do not cover the vendor's property. Loss, damage by fire, accident or other causes, or injury is the sole responsibility of the exhibitor. The NCPG, OCPG and ODHS will not be responsible for any failures of an electrical nature or other services. Insurance and liability are the sole responsibility of the exhibitor.

Exhibitor agrees to protect, save and hold the National Council on Problem Gambling, Oregon Council on Problem Gambling, Oregon Department of Human Services and their agents and employees forever harmless for any damages or changes imposed for violations of any law or ordinance, whether occasioned by the negligence of the exhibitors or those holding under the exhibitor, and further, exhibitor shall at all times protect, indemnify, save and hold harmless the conference organizers against and from any and all losses, costs, damages, liability, or expenses (including attorney's fees) 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 arises from or out of or by reason of said exhibitor's occupancy and use of the exhibition premises, the hotel, or any part thereof.

All items must be removed by 3:30pm on Saturday June 12<sup>th</sup>. **Please submit this form no later than June 1, 2010.**

Authorized Signature \_\_\_\_\_

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**MAIL OR FAX COMPLETED FORM TO:**

National Council on Problem Gambling  
730 11<sup>th</sup> St. NW, Suite 601  
Washington, DC 20001  
Fax: (202) 547-9206

*For more information, contact Linda Abonyo, (202) 547-9204 or e-mail: [LindaA@ncpgambling.org](mailto:LindaA@ncpgambling.org)*

**CANCELLATION POLICY: All cancellations must be in writing. Cancellations postmarked prior to  
June 1, 2010, will be refunded less a \$50 processing fee.  
No refunds will be issued after June 1. No exceptions.  
If the conference is cancelled, NCPG's liability is limited to the return of exhibit and registration fees.**

*We appreciate your support!*