



EXHIBITOR CONTRACT AND RESERVATION FORM

EXHIBITOR NAME _____

COMPLETE ADDRESS _____

CONTACT PERSON _____

PHONE (____) _____ **EMAIL** _____

_____ **EXHIBITOR TABLE:** Please reserve exhibit space for us at the Long Term Care Social Workers of Iowa Spring Conference at the cost of **\$250**.

_____ **EXHIBITOR TABLE ~ NON-PROFIT ORGANIZATION:** Please reserve exhibit space for us at the Long Term Care Social Workers of Iowa Spring Conference at the cost of **\$150**.

List names of company representatives attending; Lunch tickets are \$15 per person, per day

NAME _____ EMAIL _____ # LUNCHES _____

NAME _____ EMAIL _____ # LUNCHES _____

_____ **REFRESHMENT BREAK:** We would like to contribute towards the cost of a refreshment break at the Long Term Care Social Workers of Iowa Spring Conference in the amount of **\$250**. Donating companies will be recognized with a name plate at the refreshment table as well as recognition on the conference agenda.

COMPANY DESCRIPTION:

For the benefit of the promotion and publicity of the exposition, we authorize you to use the following description of products and/or services to be exhibited. Please limit to 50 words. LTCSWI reserves the right to edit for style.

Use Company Description from Previous Conference: _____ OR

LIABILITY:

Exhibitors assume entire responsibility and liability, and hereby agree to protect, indemnify, defend, save and hold harmless, the LTCSWI, Gateway Center and their employees, servants and agents against all claims, losses injury or damages to persons or property, governmental charges or fines and attorneys fees arising out of or caused by or to Exhibitor's displays, equipment and other property brought upon the premises of the hotel.

DEADLINE, CANCELATIONS AND REFUND FOR EXHIBITORS

The deadline for registrations is **Wednesday, March 28, 2018**. All payments are due by that time. No refunds will be made for cancelations made after the deadline.

Please reserve space for our company:	Exhibitor Table - \$250	\$ _____
	Exhibitor Table: <i>Non-Profit</i> - \$150	\$ _____
	Number of Lunches _____ @ \$15 each	\$ _____
	Refreshment Break - \$250	\$ _____
	Total	\$ _____

Our Check payable to LTCSWI is enclosed:

Please send completed form and fees to: LTCSWI, 1040 Market Street, Carlisle, IA 50047

Signature: _____ **Date:** _____