

Contract by July 14, 2017 and SAVE \$500!



69TH ANNUAL HCANJ CONVENTION & EXPO
October 24 - 26, 2017 (Set-up Monday, October 23rd)
Harrah's Resort, Atlantic City, NJ
EXPO EXHIBIT CONTRACT

SAVE TIME ~
REGISTER ONLINE!

By registering for a booth with this contract or registering online, we acknowledge we have read, understand, and will adhere to the HCANJ and Harrah's Resort Atlantic City rules and regulations while exhibiting at the 69th Annual HCANJ Convention & Expo. Set-up is Monday, October 23, 2017 and break-down is Thursday, October 26, 2017. Complete rules and regulations are located on our website at <http://www.hcanj.org/rr16>.

OUR 2017 PREFERENCE FOR BOOTH SPACE IS: (Forgot your booth space from last year? 2016 floor plan can be found at <http://tradeshow.hcanj.org/2016>)

- We would like the same booth space we occupied in 2016: (booth) # _____
- We **do not** wish to occupy our 2016 space; we wish to change our location to the choices below. If these choices are not available we would like to Make three more selections **OR** Occupy our 2016 booth which was # _____
- 2017 Choices:** 1st Choice # _____ 2nd Choice # _____ 3rd Choice # _____

PRIMARY CONTACT TO RECEIVE ALL CORRESPONDENCE before, during and after the convention.

Name _____ E-Mail _____ Phone (____) _____
**e-mail is critical to receiving timely information*

YOUR PRIMARY PRODUCT/SERVICE _____

LIST YOUR COMPETITORS to avoid being placed in the same area.

BOOTH SPACE FEE:

- HCANJ Associate Member:** By July 14, 2017—\$ 1,500 per space After July 14, 2017—\$ 2,000 per space
- HCANJ Non-Member:** By July 14, 2017—\$ 2,600 per space After July 14, 2017—\$ 3,100 per space
- 2017 HCANJ Annual Gold Sponsor** One (1) free exhibit space for this event. If more than one (1) exhibit space is required, I understand that I must pay for each additional space according to the above pricing.
- 2017 HCANJ Annual Platinum Sponsor** Two (2) free exhibit spaces for this event. If more than two (2) exhibit spaces are required, I understand that I must pay for each additional space according to the above pricing.

PLEASE RETURN THIS CONTRACT WITH FULL PAYMENT PAYABLE TO:
HCANJ, 4 AAA Drive, Suite 203, Hamilton, NJ 08691 or Fax to 609-584-1047 with credit card information.

Company _____

Address _____
Street address City State/Zip

Payment Method: Check enclosed for \$ _____ or Charge my card for \$ _____ MasterCard Visa AMEX

Credit Card No. _____ CV2 # _____ Card Exp. Date _____

*the CV2# is the three or four digit additional black number on the front or back your credit card. (Example: 4786 411)

Credit Card Information: To whom and where credit card statement is sent:

Cardholder Name: _____ Cardholder Phone: _____

Cardholder Address: _____ Cardholder Fax: _____
Street address City State/Zip

Cardholder Signature: _____ Primary Contact E-mail: _____

Questions? Please contact Michelle Palko by phone: 609.890.8700 or e-mail: michelle@hcanj.org