

**To:** Suffolk Region PTA

**From:** Spring Conference Exhibitor

**Re:** Contract for Exhibit Space May 13, 2010 Hyatt Regency, Long Island, Hauppauge, New York

The undersigned wishes to reserve exhibit space at the Annual Spring Conference of the Suffolk Region PTA on May 13, 2010. The Conference will be held at Hyatt Regency, Long Island, 1717 Vanderbilt Motor Parkway, Hauppauge, New York. The undersigned agrees to adhere to the terms, conditions, rules and regulations which are expressly made a part of this contract and agreement, written in full, preceding the signature of the undersigned.

The following is a brief description of the proposed items and products to be exhibited and/or distributed on May 13, 2010:

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**The table size is 6' long.** As space is limited for each vendor, any free standing items will require purchase of additional tables. Please also specify any special needs such as electrical outlets, or extra trash cans. Electrical outlets ***must be*** requested in advance.

Number of Tables Requested \_\_\_\_\_

We will accommodate your electrical needs (included in the table price).

Electrical outlet: Yes \_\_\_\_\_ (Number \_\_\_\_\_) No \_\_\_\_\_

This contract is not binding until it is signed, accepted and returned by the Business Manager of the Suffolk Region PTA or the Region Director of the same, and when so accepted and signed, it shall constitute a binding contract upon the applicant and Suffolk Region PTA, subject to rules and regulations.

Completed contracts (2), properly signed, with a check for payment of \$150.00 per table (all inclusive) to: **Suffolk Region PTA** are to be mailed to the address below. Upon acceptance of the fee and contract, one copy will be returned to you as your confirmation for the event.

We are requesting that Vendors do not include a prize reward package with their Fundraising brochures.

**IN WITNESS WHERE OF**, the applicant has caused this contract to be executed individually or by an officer, agent or representative duly authorized to execute same.

ACCEPTED BY: Suffolk Region PTA

Rental Fee: \_\_\_\_\_

Electrical Outlet(s): \_\_\_\_\_

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

Check #: \_\_\_\_\_ Amount \_\_\_\_\_

Returned By: \_\_\_\_\_

**Exhibitor:** \_\_\_\_\_

By: \_\_\_\_\_

(signature)

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

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

\_\_\_\_\_

**Send to:** Linda Loverde

3 N. Kennedy Drive

Centereach, NY 11720

631-698-5582

Person in charge of exhibit: \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

\_\_\_\_\_

(if different than above)

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

**Please check one:**

I AM interested in contributing to the Exhibitor Prize Drawing \_\_\_\_\_

I AM NOT interested in contributing to the Exhibitor Prize Drawing \_\_\_\_\_