

**National Guard Association of Indiana Exhibit Space Application**

2010 Annual Conference,

23-25 April 2010

French Lick Resort and Casino, 8670 W. State Rd. 56, French Lick, IN 47432

Exhibitor/Company Name \_\_\_\_\_  
(List exactly as it should appear in Conference Program)

Exhibitor Representative \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Method of Payment: Check # \_\_\_\_\_ for \$ \_\_\_\_\_ enclosed.

Charge to my ( ) VISA ( ) MASTER CARD # \_\_\_\_\_ EXP \_\_\_\_\_

(Note: add 5% handling fee if using credit card) Charge \$ \_\_\_\_\_

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

EXHIBIT FEE: \$500.00 non-corporate members

**Free to Patriot and Minutemen Corp. Members - \$150.00 to Pathfinder or \$250.00 to Volunteer Corp members.**

Exhibit fee must be submitted with application

- ( ) Yes I am a NGAI Corporate Member.
- ( ) No I am not a corporate member to NGAI
- ( ) Yes I will donate a gift(s) for door prizes for the conference.
- ( ) I would like to sponsor a hole at the Golf Outing at \$50.00

**REQUIREMENTS:**

All exhibit areas will be approximately 10' x 10'. (Circle One)

Draped Table: Yes No

Electrical Access: Yes No

AV Equipment/Internet Connection: (Exhibitor Expense) Yes No

Please indicate if your exhibit is a pop up display: Yes No

Move in Date: \_\_\_\_\_ Move out Date: \_\_\_\_\_

We agree to abide by the following:

The exhibitor assumes all responsibility for compliance with local, city and state ordinances and regulations covering fire, safety and health. It is mutually agreed that it is the duty and responsibility of each exhibitor to dismantle his/her exhibit immediately after the close of the exhibition. All property of the exhibitor remains under his custody and control in transit to and from the convention and while it is in the confines of the hotel. It shall be the responsibility of NGAI and each exhibitor, respectively, to secure its own insurance or otherwise protect its property against loss or damage.

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

A SEPARATE CONFERENCE REGISTRATION FORM NEEDS TO BE COMPLETED FOR THOSE ATTENDING CONFERENCE ACTIVITIES. PLEASE MAIL THIS FORM TO: NGAI, 2002 S. Holt Rd., Bldg #9, Indianapolis, IN 46241 to arrive NLT 01 April, 2010.