



TRADE SHOW BOOTH REGISTRATION FORM

The Northern Exposure 2019 Conference & Trade Show will be held January 29-31, 2019 in St. John's, NL. **Space is limited, so register early to avoid disappointment. To secure your registration, fax this completed form to 709-896-8039, or email to admin@chamberlabrador.com.** Payment is due upon registration. For invoicing, cheques must be received within two weeks of registration. Registration fees must be paid prior to the event. Full refund less a \$50 administrative fee will be provided for cancellations received in writing before January 4, 2019. **Cancellations received after January 4, 2019 will not be eligible for a refund.**

COMPANY CONTACT INFORMATION

Organization: _____
 Contact Name: _____
 Address: _____
 City / Town: _____ Province: _____ Postal Code: _____
 Telephone #: _____ Fax #: _____
 Email Address: _____

	(Early Bird) On or Before November 30, 2019	(Regular) After November 30, 2019
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Number of Booths:	X \$1,095 =	X \$1,195 =
	LNCC Member (less \$50)	
	Line A - TOTAL	Line B - TOTAL

EXHIBITOR NAMES (Maximum of 2 per Booth)

Exhibitor 1: Full Name: _____ Last Name: _____
 Email: _____

Upgrade to Delegate (for access to conference sessions)	\$395	X		=	
Meet & Greet – January 29	\$60	X		=	
Breakfast w/ Keynote Speaker – January 30	\$45	X		=	
Luncheon w/ Keynote Speaker – January 30	\$60	X		=	
Breakfast w/ Keynote Speaker – January 31	\$45	X		=	
Luncheon w/ Keynote Speaker – January 31	\$60	X		=	
"A Taste of Labrador" Gala – January 31	\$160	X		=	
Dietary Requirements / Allergies:					

Line C1 - TOTAL _____

Exhibitor 2: Full Name: _____ Last Name: _____
 Email: _____

Upgrade to Delegate (for access to conference sessions)	\$395	X		=	
Meet & Greet – January 29	\$60	X		=	
Breakfast w/ Keynote Speaker – January 30	\$45	X		=	
Luncheon w/ Keynote Speaker – January 30	\$60	X		=	
Breakfast w/ Keynote Speaker – January 31	\$45	X		=	
Luncheon w/ Keynote Speaker – January 31	\$60	X		=	
"A Taste of Labrador" Gala – January 31	\$160	X		=	
Dietary Requirements / Allergies:					

Line C2 - TOTAL _____

Line C - Tickets Total (add Line C1+C2) _____

AMOUNT DUESub-total (add **Lines A+B+C**): _____

HST (15%): _____

Amount Due: _____

Note - Pick up your registration package in the lobby of the Delta Hotel between January 29-31, 2019. See schedule of events for registration desk hours.

PAYMENT INFORMATION **Cheque** Please make cheque payable to "Labrador North Chamber of Commerce Inc." **Credit Card** Registration will be confirmed upon processing of your credit card number.Card Type: Visa MasterCard AMEX Number: _____ Expiry: _____

Name on Card: _____ Signature: _____

Important Note: Registration must be paid in full prior to registration check-in. Non-payment will result in cancellation of registration.

EXHIBITOR AGREEMENT

I have read and agree to the guidelines outlined on this form concerning participation as a Trade Exhibitor.

Photo disclaimer: Please note that all attending Northern Exposure 2019 do hereby give permission to event management to use any photos taken during the event which contain their likeness in any respectable manner, without compensation. This includes, but is not limited to, the use of these photos in promotional material in print or electronically.

Material disclaimer: I hereby acknowledge the Northern Exposure 2019 / Labrador North Chamber of Commerce is not responsible for lost, stolen or damaged items pertaining to exhibiting at Northern Exposure 2019, whether during the event or in transit.

Contact information disclaimer: Please note that all attending Northern Exposure 2019 do hereby give permission to event management to add any provided contact information to the Labrador North Chamber of Commerce (LNCC) electronic communications database. Information will not be distributed to any other entity and will be used exclusively for the purpose of providing information regarding LNCC projects and events. Through our electronic communications system, individuals may unsubscribe to this service at any time, effectively removing said information from our database.

Signature of Authorized Official_____
Date**Office use only:** Date Received

Date Processed

Booth Number