

## Application and Contract for EXHIBIT SPACE

Please note that space is limited to 25 exhibits and assignments will be made on a first-come, first-served basis. In order for us to process your application, you must complete all sections of this form. The information, exactly as it appears below, will be printed in the 22<sup>nd</sup> Annual NPN Prevention Research Conference Program Guide. All applications are subject to committee approval.

The University of Oklahoma is an equal opportunity employer. Printed at no cost to Oklahoma taxpayers.

### Registration and Contact information

Full Name \_\_\_\_\_  
 First Name for Name Badge \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Url (home page address) \_\_\_\_\_

### Secondary Exhibiting Person (only when paying for 2 or more tables)

Full Name \_\_\_\_\_  
 First Name for Name Badge \_\_\_\_\_  
 E-mail \_\_\_\_\_

### Representative to receive exhibit information if different from person(s) staffing exhibit on-site

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Special Meal Request

Vegetarian Meal  Vegan Vegetarian Meal

### Payment

Total Tables \_\_\_\_\_ Total Fees \$ \_\_\_\_\_

### Purchase Order

{Copy of purchase order or letter of authorization required}

### Check

### Credit Card

Visa  MasterCard  Am Ex  Discover

Name on Credit Card \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Payable to: "The University of Oklahoma"  
 FEIN 73-6017987

### Requirements for Display:

Table Top Display or  Floor Display

### Dimensions of your display:

Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Require Internet Access  
 (Additional charge assessed by Hotel)

Require Electricity  
 (Additional charge assessed by Hotel)

Please view the floor plan on the website and indicate your first 3 preferences for booth space in ranking order:

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

To help us in assigning booth locations, please list names of competitors you do not wish to be

### Exhibit Area Fees

Early Bird Fee: \$2250 (due by May, 15, 2009)  
 Late Fee: \$2700 (due by May 15, 2009 if space is available)  
 Additional Tables: \$550 Each

Purchase price of each table includes: Conference registration (conference materials, conference meals, and access to conference workshops) for one person. Please note: if the number of persons from your organization wishing to attend the conference exceeds the number of tables purchased by your organization, those additional persons will need to fill out the participant registration form and pay the \$395 early-bird or \$495 late registration fee per participant.

Agreement: Applications will not be accepted without payment. Processing of your payment does not constitute acceptance into the show nor guarantee space availability. Notwithstanding anything else in this agreement, if the exhibitor is not accepted or space is not available, then the exhibitor fee will be refunded by the University of Oklahoma. NPN will not knowingly accept exhibitors that discriminate on the basis of ethnic group, race, religion, gender, sexual orientation, age, record of public offense, and/or disability. All applications are subject to committee approval.

By checking this box, our company adheres to and abides by the University of Oklahoma's policy on non-discrimination. We hereby make application for exhibit space at the NPN Prevention Research Conference. We agree to abide by the terms and conditions set forth by NPN in the Rules and Regulations.

Signature \_\_\_\_\_

Special needs: The College of Continuing Education and the University of Oklahoma are committed to making their activities accessible to persons with disabilities or special needs. If you have any special needs or inquiries, please contact:

Carol Shields  
 Exhibit Coordinator  
 1639 Cross Center Drive, Rm 284  
 Norman, Oklahoma 73019-2219  
 Tel: (405) 325.0563 Fax: (405) 325.1444  
[cashields@ou.edu](mailto:cashields@ou.edu)

Please E-mail, Mail, or Fax Registrations to Carol Shields