



University of the Philippines Nursing Alumni Association International, Inc.

28841 Silversmith Drive, Valencia, CA 91354

PROVISIONS FOR VENDOR EXHIBITS

1. PROGRAM TITLE: 39th UPNAAI Annual Convention & Educational Conference 2018

CONVENTION DATE: Friday and Saturday, August 3 & 4, 2018

VENDOR HALL: Treasure Island AB Hallway

2. SPONSOR (S): University of the Philippines Nursing Alumni Association International, Inc.

**3. LOCATION: Treasure Island Hotel and Casino
3300 S. Las Vegas Blvd., Las Vegas, NV 89109**

4. EXHIBIT AREA AT MEETING: See above Vendor Hall

5. EXHIBIT FEES: \$250.00 for 1 day (9 hrs. 45 min.) \$300.00 for 1 day (13 hrs. 45 min.)

FEE INCLUDES: One (1) draped 6-foot table and 2 chairs

PAYMENT SCHEDULE: Full payment of the exhibit fee can be made on or before the due date of June 1, 2018. You can also place an initial non-refundable deposit of \$150.00 upon signing this contract to reserve your spot, and pay the balance by the due date.

Please make checks payable to UPNAAI. If full payment is not received by the due date, your space will be made available to other exhibitors and your \$150.00 non-refundable deposit will be forfeited. Absolutely no refunds will be made if full payment will not be received by UPNAAI by June 1, 2017.

6. TABLE TOP ASSIGNMENTS: Location of exhibit spots will be assigned by the Event Staff

**7. EXHIBIT INSTALLATION: TI AB Hallway Antilles B Foyer
Friday, August 3, 2018 Friday, August 3, 2018
6:00 AM – 7:15 AM 5:00 PM – 6:00 PM**

**DISMANTLING: Friday, August 3, 2018 Friday, August 3, 2018
5:00 PM 10:00 PM**

**8. EXHIBIT HOURS: Friday, August 3, 2018 Friday, August 3, 2018
7:15 am – 5:00 pm 6:00 PM – 10:00 PM**

9. EXHIBIT

REGULATIONS: Name and addresses of Official Company Representatives must be provided to the UPNAAI Exhibit Coordinator no later than **July 15, 2018**.

Venue site policies outlined by the official exhibition service must be adhered to. UPNAAI will not be responsible for exhibits that are not in compliance with ADA requirements. Only authorized personnel can move or relocate any equipment in the exhibit area. Authorized exhibition service staff or venue personnel will conduct all electrical hookups and/or disconnections that are assigned to perform this function.

10. SECURITY:

Official exhibitor representatives are expected to provide booth coverage during the hours specified for viewing of exhibits. Neither venue site nor UPNAAI assumes any responsibility from theft, damage by fire, accident, or other causes for any or all properties and goods owned by the exhibitors. Damage to the site property or premises occurring as a result of any actions by the exhibitors shall be their responsibility, and not UPNAAI.

11. HOTEL ACCOMMODATIONS: **Treasure Island Hotel and Casino**
3300 S. Las Vegas Blvd., Las Vegas, NV 89109
Tel: (702) 894-7111

Hotel Reservation/Passkey Link: or **call reservations at**
<https://aws.passkey.com/go/UPNAAI18> **888-503-8999**

Corporate room rates: When calling the venue for blocked room rates, mention corporate booking code: **UPNAAI**

12. EXHIBIT COORDINATOR: **Lisette España**
28841 Silversmith Drive, Valencia, CA 91354
Tel.# (310) 903-7574
lisette_espana@yahoo.com

13. SHIPPING & RECEIVING: **Contact Treasure Island Hotel and Casino for instructions on Shipping & Receiving**

Please indicate on the shipment package:

For Group: UPNAAI
Event: 39th UPNAAI Annual Convention & Educational Conference 2018
Date of Activity: August 3, 2018

EXHIBIT CONTRACT

Conference Promotional Activity

39th UPNAAI ANNUAL CONVENTION AND EDUCATIONAL CONFERENCE 2018

Friday and Saturday, August 3 & 4, 2018

Treasure Island Hotel and Casino

3300 S. Las Vegas Blvd., Las Vegas, NV 89109 Tel: (702) 894-7111

By filling out this informational form, I/we _____ (indicate name of Exhibitor/Owner/Business Representative) will abide by the stipulations as described in the preceding 2 pages of this contract. Once signed and dated, this agreement becomes binding.

[Please print/type]

Name of Exhibitor/Company: _____

Names of
Exhibit Representatives: (1) _____

(2) _____

Office Address: _____

Phone: _____ Fax: _____

Email: _____

Exhibit Fee: \$250.00 for 1 day (9 hrs. 45 min.) \$300.00 for 1 day (13 hrs. 45 min.)

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Mail check and this completed form to: UPNAAI
c/o Lisette España
28841 Silversmith Drive, Valencia, CA 91354
Tel. # (310) 903-7574

By signing this form, I acknowledge that I represent the above organization and will abide and be responsible for all the conditions described in this contract.

Signature

Date

Print Name