



EXHIBIT CONTRACT
NafME EASTERN DIVISION
April 13- 16, 2023
JOSEPH A. FLOREANO ROCHESTER
RIVERSIDE CONVENTION CENTER

Date Received: _____
Amount Received: _____
Check: _____ **Credit Card:** _____
Sponsorship: _____
Welcome Bag, Handout _____
BOOTH NO. _____

Firm Name: _____ Phone: _____
 Firm Street Address: _____ City/State/Zip: _____
 E-Mail _____ Website: _____
 Contact Name: _____ Title: _____

Indicate booth choices in different sections of the exhibit area to facilitate space assignments.

First _____ Second _____ Third _____ Fourth _____
 How many booths are desired? _____ If you would like to have space adjoining that of a specific exhibitor, give name of the firm: _____

BOOTH IDENTIFICATION SIGN (limited to two lines):

Firm: _____
 City/State: _____

COPY FOR PROGRAM GUIDE (Description of products/services is limited to ten (10) words

I, the undersigned, apply for exhibit space as indicated below. I have read and agree to comply with the General Exhibitor Regulations. **PAYMENT IN FULL** for space desired must accompany this contract. Should it be necessary to cancel, payment will be refunded according to the schedule in the General Exhibitor Regulations. **Booth space will be assigned with priority to Sponsors in order of postmark and based on level of Sponsorship.**

By: _____ Title: _____
 Signature: _____ Date: _____

Indemnifying Clause: Exhibitor agrees to protect, save and keep the New York State School Music Association, NAFME, the Joseph A. Floreano Rochester Riverside Convention Center and the official service contractors forever harmless from any damage or charges imposed for violation of any law or ordinance whether occasioned by the negligence of the exhibitor or those holding under the exhibitor as well as to strictly comply with the applicable terms and conditions contained in the agreement between the Rochester Riverside Convention Center and the New York State School Music Association and the official service contractors against and from any and all loss, cost damage, liability or expense arising from or out of or by reason of any accident or other occurrence to anyone, including the exhibitor, its agents, employees and business invitees which arise from or out of or by reason of said exhibitor's occupancy and use of the exhibition premises or a part

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| <p>Send completed electronic contract (pdf available at nyssma.org) to: dsuper@nyssma.org</p> <p>For Credit Card Payment: Complete Form Below</p> | <p>Payment by check to: NYSSMA/NafME — Att: Dr. David A. Gaines, Executive Director 718 The Plain Road Westbury, NY 11590-5956</p> |
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|--|---|--------------------|-------|
| <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER: | <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> | EX. DATE: _____ | _____ |
| _____ BOOTH(S) @ \$775 PER BOOTH | _____ COLLEGE/NON-PROFIT @ \$700 PER BOOTH | SUBTOTAL: \$ _____ | |
| _____ SPONSORSHIP (include form) LEVEL _____ | TOTAL CHARGED: \$ _____ | | |
| _____ PUSH NOTIFICATION(S) x #requested _____ | BILLING ZIP CODE: _____ | | |
| _____ WELCOME BAG @\$5,000 | _____ WELCOME BAG HANDOUT/PROMOTIONAL@\$250 | | |