

NYSSMA EXHIBIT CONTRACT 2024 WINTER CONFERENCE

December 5-8, 2024

JOSEPH A. FLOREANO ROCHESTER RIVERSIDE CONVENTION CENTER

Date Received:		
Amount Received:		
Check:	Credit Card:	
IM:		
DO 0777 NO		
BOOTH NO.		

Firm Name:	Phone:			
Firm Street Address:	City/S	tate/Zip:		
E-Mail		Website:		
Contact Name:		Title:		
Indicate bo	oth 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 s	space adjoining that of a specific exhibitor, give name of the firm:		
Firm:	BOOTH IDENTIFICATION	SIGN (limited to two lines):		
City/State:				
Cop	Y FOR PROGRAM GUIDE (Description)	of products/services is limited to ten (10) words		
for space desired must accor Exhibitor Regulations. Boot on level of Institutional Hall has sold out in rec able basis, will NOT be	mpany this contract. Should it be necessary to the space will be assigned with priority to the space will be assigned with priority to the space will be assigned with priority to the space with the space with the space reserve early! Exhibitisted in the Conference Program, but	nd agree to comply with the General Exhibitor Regulations. PAYM cancel, payment will be refunded according to the schedule in to Institutional Members in order of reservation date this requested. Booth space cannot be guaranteed as the pitors who reserve a booth after November 1st, on a space will be listed in the Conference app.	the General and based he Exhibit pace avail-	
		Date:		
or charges imposed for violation of any law or between the Rochester Riverside Convention C	ordinance whether occasioned by the negligence of the exhibitor or those h Center and the New York State School Music Association and the official ser	n A. Floreano Rochester Riverside Convention Center and the official service contractors forever harmles olding under the exhibitor as well as to strictly comply with the applicable terms and conditions contain vice contractors against and from any and all loss, cost damage, liability or expense arising from or or arise from or out of or by reason of said exhibitor's occupancy and use of the exhibition premises or a particular to the contractors.	ned in the agreement ut of or by reason of	
	oleted electronic contract	Payment by check to:		
\ <u>^</u>	ailable at nyssma.org) lsuper@nyssma.org	NYSSMA		
	Payment:Complete Form Below	Att: Dr. David A. Gaines Executive Director 718 The Plain Road, Westbury, NY 11590-5956		
	MEN DISCOVED.			
MC VISA AN		EX. DATE: Non-Profit Booth(s) @ \$650 per Booth		
	BOOTH(s) @ \$750 PER BOOTH OR COLLEGES/NON-PROFIT BOOTH(s) @ \$650 PER BOOTH SUBTOTAL: \$ MEMBERSHIP (include form) \$ TOTAL CHARGED: \$			
	DT/PROMOTIONAL \$250	BILLING ZIP CODE:		