



**North Carolina Biomedical Association  
Vendor Information and Agreement**

**P.O. Box 388  
Lenoir, NC 28645  
Federal Tax ID # 58-1474079**

The North Carolina Biomedical Association will hold its 40th Annual Symposium at the Pinehurst Resort and Conference Center in Pinehurst NC. Enclosed you will find a tentative Schedule of Events and Vendors Information and Agreement.

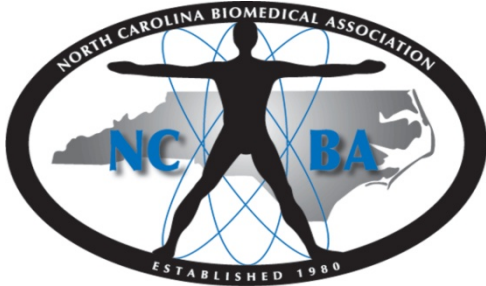
**NCBA 2018 - ANNUAL SYMPOSIUM SCHEDULE**

Location: Pinehurst Resort, 80 Carolina Vista Dr, Pinehurst, NC 28374, Tel:(910) 295-6811

<b>TUESDAY, August 21nd, 2018</b>	
12:00PM - 4:00PM	NCBA, Mike McCoy GOLF TOURNAMENT
Classes	TRACTS 1-6
<b>WEDNESDAY, August 22rd, 2018</b>	
7:30AM - 9:00AM	SYMPOSIUM REGISTRATION
9:00AM - 12:00PM	CLASS TIME SLOTS
10:15AM - 10:30AM	BREAK
12:00AM - 1:30PM	KEYNOTE SPEAKER/BUSINESS LUNCHEON
1:30PM - 4:30PM	CLASS TIME SLOTS
2:45PM - 3:00PM	BREAK
4:30PM - 7:30PM	EXHIBIT HALL OPENING RECEPTION
<b>THURSDAY, August 23th, 2018</b>	
7:00AM - 9:00AM	SYMPOSIUM REGISTRATION
8:00AM - 11:30PM	VENDOR EXHIBIT HALL
10:15AM - 10:30AM	BREAK
11:30PM - 12:30PM	LUNCH
12:30PM - 3:30PM	CLASS TIME SLOTS
2:45PM - 3:00PM	BREAK
7:30PM - 10:00PM	<b>Networking Social</b>
<b>FRIDAY, August 24th, 2018</b>	
8:00AM - 9:00AM	SYMPOSIUM REGISTRATION
9:00AM - 12:00PM	CLASS TIME SLOTS
10:00AM - 10:15AM	BREAK
12:00PM - 1:00PM	LUNCH
1:00PM - 4:00PM	CLASS TIME SLOTS
2:30PM - 2:45PM	BREAK

**To encourage attendee participation, vendors are encouraged to have door prizes available that will be drawn during the symposium.** Attendees are provided vendor sheets for signage by each vendor and completed sheets will be submitted for eligibility for prize drawings. Winners must be present to win, drawings will continue until prize is awarded.

**All booths are \$800.<sup>00</sup>. Vendors are limited to no more than 4 booths. Two attendees are allowed per rented booth. Additional representatives are welcome at a cost of \$100.<sup>00</sup> each.** Each booth will be 10' x 6', have one draped table, two chairs. . Electricity must be booked through the hotel. The **VENDOR INTERNET, AV & ELECTRICAL REQUEST FORM** must be submitted directly to the hotel. (Vendor must provide extension cords). Included with booth purchase are meals, free advertisement in the NCBA Newsletter (two half-page advertisements or one 8.5x11 advertisement) and two non-voting NCBA memberships per booth purchased. The advertising copy(s), for the NCBA Newsletter, must be in digital format and sent to [editor2@ncbiomedassoc.com](mailto:editor2@ncbiomedassoc.com).



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***Please indicate on the registration form your attendance for meals so we can plan appropriately***

**NCBA Exhibit Space Selection for 2018 Symposium**

General vendor registration will open approximately six months prior to current year symposium and all available booths will be listed on the NCBA website. Vendors will be notified by e-mail and encouraged to go to the NCBA website for booth selection and registration. ***Selection of booth location will be forfeited if payment is not received within 30 days after the vendor has completed booth selection and registration process.*** ([www.ncbiomedassoc.com](http://www.ncbiomedassoc.com)) Booth availability will be updated on website as payments are received.

**Vendor Setup:** Vendors may set up Wednesday August 22nd, 2018 from 11am – 3pm. Vendor area will open to attendees at 4:30 pm on August 22th, 2018.

**Booth Removal:** Vendors may tear down Thursday August 23<sup>rd</sup>, 2018 12:00PM - 3:00PM.

**Exhibit Times: 8/22/2018 4:00pm - 7:30pm and 8/23/2018 8:00am – 12:00pm.**

If you need special items, other than standard 120 volt electrical service, please see attached documents. You can order and pay for services such as phone lines, LAN connections or power requirements other than standard 120 volt 60 Hz through the Pinehurst Resort. If you have questions please contact the vendor coordinator at [vendor2@ncbiomedassoc.com](mailto:vendor2@ncbiomedassoc.com)

All displays must be taken down by 10:00 pm Thursday, August 23rd, 2018.

If you have any questions, please contact Bill Fry – Vendor Coordinator e-mail [vendor2@ncbiomedassoc.com](mailto:vendor2@ncbiomedassoc.com)

## **Attention**

Many vendors ask how they can do more to help the NCBA while maximizing their company's exposure.

40<sup>th</sup> Anniversary sponsorships are being accepted.

Sponsorships are available for:

Annual Business Luncheon

Class Breaks

Scholarship Donations

Golf Outing

Contact Bill Fry at [vendor2@ncbiomedassoc.com](mailto:vendor2@ncbiomedassoc.com) to discuss other means of support for the North Carolina Biomedical Association.

# North Carolina Biomedical Association

## Vendor Information and Agreement

- EVENT:** 40<sup>th</sup> Annual North Carolina Biomedical Association Symposium & Exposition
- DATE:** Tuesday, August 21st, 2018 – Friday, August 24th, 2018
- PLACE:** **Pinehurst Resort and Conference Center**  
**80 Carolina Vista Dr,**  
**Pinehurst, NC 28374**  
<http://www.pinehurst.com/>
- EXHIBITOR FEES:** The fee is \$800.<sup>00</sup> per booth, which includes one 10' x 6' booth, draped table, two chairs, standard electricity (extension cords not provided), sign for booth, two non-voting NCBA membership dues, and free advertisement in the NCBA Newsletter (two half-page advertisements or one 8.5x11 advertisement).
- CONTRACT:** Vendor contract **MUST** be electronically submitted to NCBA via current registration software at the time of registration.
- PAYMENT:** For your convenience we now offer on-line payment processing through the PayPal (a secure, encrypted system) utilizing your existing PayPal account or with your Visa, American Express, or MasterCard.
- INSTALLATION OF EXHIBITS:** Piping and drapes will be set up for booths prior to vendor set up timeframe. Vendors will have access to exhibit area four hours before first exhibit time.
- CHARACTER OF EXHIBITS:** The NCBA reserves the right to prohibit any exhibit or part of an exhibit booth activity, which the Board of Directors deems unsuitable. For clarification on display suitability please contact vendor coordinator at [vendor2@ncbiomedassoc.com](mailto:vendor2@ncbiomedassoc.com).
- EXHIBIT HOURS:** Exhibits will be located in the Exhibit Hall of the Pinehurst Resort and Conference Center. Exhibit hours are Wednesday from 4:00pm – 7:00pm and Thursday 8:00am – 11:30pm.
- REMOVAL OF EXHIBITS:** Removal of exhibits will be allowed on Thursday 8/23/2018 from 12:00pm – 3:00pm
- RESPONSIBILITY:** The exhibitor assumes entire responsibility and, hereby, agrees to protect, indemnify, defend, save, and hold harmless THE NORTH CAROLINA BIOMEDICAL ASSOCIATION and their agents, against all claims, losses and damages to persons or property, governmental charges, or fines and attorney fees arising out of or cause by Exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or a part, thereof, excluding any such liability caused by the sole negligence of THE NORTH CAROLINA BIOMEDICAL ASSOCIATION and their agents.
- In addition, Exhibitor acknowledged that the NORTH CAROLINA BIOMEDICAL ASSOCIATION does not maintain insurance covering Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain business interruption and property damage insurance covering such losses by the Exhibitor.

**CANCELLATION  
OF SPACE:**

Any cancellation within two weeks prior to the symposium will result in NO REFUND of exhibitor's fee unless a Vendor on the waiting list can take your place. Any cancellation/scheduling issues should be directed to the NCBA Vendor Coordinator for possible solutions.

**NOTE:**

Confirmation of vendor booth assignments requires receipt of payment and acceptance of electronic contact agreement provided during registration process. Final booth assignments will then be posted and updated on the NCBA website until the symposium.

**ROOM RESERVATIONS:**

**For hotel reservations, rates and deadlines visit.**  
<http://www.ncbiomedassoc.com/Symposium.aspx>



# North Carolina Biomedical Association 40<sup>th</sup> Annual Symposium & Expo Vendor Contract

1	COMPANY INFORMATION
Company Name _____	
Address _____	
Address 2 _____	
City, State, Zip _____	
Phone _____	
Fax _____	
Web Address _____	

3	ADDITIONAL GUESTS/REPRESENTATIVES
Each booth rented above allows two persons access. Additional guests or representatives may attend at a cost of \$100. <sup>00</sup> each. Use back to list these.	
Additional Guests/Representatives _____ x \$100. <sup>00</sup> each = _____	
Total Guest/Representatives attending sponsored meals: _____	

2	BOOTH SPACE REQUIRED
Number of Booths (limited to 4) _____ X \$800. <sup>00</sup> each = _____	
Two representatives are allowed access per booth rented. <b>Please list below.</b> Use back if needed for additional booths.	
#1 Name _____	
Address _____	
City/State/Zip _____	
Phone _____ Fax _____	
Email _____	
<i>Required for e-mail confirmation</i>	
#2 Name _____	
Address _____	
City/State/Zip _____	
Phone _____ Fax _____	
Email _____	

**4 NCBA SYMPOSIUM SPONSORSHIP**

YES, I would like to purchase the following sponsorship:

\*\*\*\*\* GOLD LEVEL \*\*\*\*\*

		Amount
<input type="checkbox"/> Lunch (Thurs. Business Lunch)	\$2,500.00	\$ _____
<input type="checkbox"/> Lunch (Wed)	\$5,000.00	\$ _____

\*\*\*\*\* SILVER LEVEL \*\*\*\*\*

<input type="checkbox"/> Break AM (Wed.)	\$1,500.00	\$ _____
<input type="checkbox"/> Break PM (Wed.)	\$1,500.00	\$ _____
<input type="checkbox"/> Break AM (Thurs.)	\$1,500.00	\$ _____
<input type="checkbox"/> Break PM (Thurs.)	\$1,500.00	\$ _____
<input type="checkbox"/> Break AM (Fri.)	\$1,500.00	\$ _____
<input type="checkbox"/> Break PM (Fri.)	\$1,500.00	\$ _____
<input type="checkbox"/> Golf Lunch Box (Tues.)	\$1,500.00	\$ _____

\*\*\*\*\* BRONZE LEVEL \*\*\*\*\*

<input type="checkbox"/> \$500.00 Donation	x	Quantity _____	\$ _____
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\*\*\*\*\* Honorary Level \*\*\*\*\*

<input type="checkbox"/> \$100.00 Donation	x	Quantity _____	\$ _____
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**Total** \$ \_\_\_\_\_

**5 LOCATION PREFERENCE**

\_\_\_\_\_

\_\_\_\_\_

*Describe the profile of your business, (example; medical equipment, test equipment, supplies, etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6 PAYMENT INFORMATION**

Section # 2	Enter subtotal \$ _____
Section # 3	Enter subtotal \$ _____
Section # 4	Enter subtotal \$ _____
<i>Sub-total</i>	\$ _____
<b>Total</b>	\$ _____

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*(Payment and electronic contract agreement are required to process your registration and assign your booth.)*

**AUTHORIZATION SIGNATURE**

I hereby apply for the above exhibit space at the  
40<sup>th</sup> Annual North Carolina Biomedical Symposium.

I acknowledge that I have read the Vendor  
Information and Agreement and will abide by  
the conditions as outlined in it.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

