

*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 41st 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.

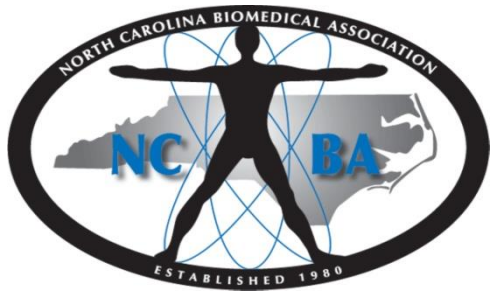
Tuesday, August 17th, 2021	
12:00 - 4:00PM	NCBA, Mike McCoy Golf Tournament

Wednesday, August 18th, 2021	
7:30AM - 9:00AM	Symposium Registration / Breakfast
9:00AM - 10:15AM	Class Time Slots
10:15AM - 10:30AM	Break
10:30AM - 12:00PM	Class Time Slots
12:00PM - 1:30PM	Lunch
1:30PM - 2:45PM	Class Time Slots
2:45PM - 3:00PM	Break
3:00PM - 4:00PM	Class Time Slots
4:30PM - 7:00PM	Vendor Exhibit Hall (Reception)
8:00PM - 10:00PM	Event Social/Networking

Thursday, August 19th, 2021	
8:00AM - 9:00AM	Symposium Registration
8:30AM - 10:30AM	Vendor Exhibit Hall / Breakfast
10:30AM – 11:00AM	Break
11:00AM - 12:45PM	Lunch w/ Keynote Speaker
1:00PM - 2:30PM	Class Time Slot
2:30PM - 2:45PM	Break
2:45PM - 4:00PM	Class Time Slot

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. **If you intend on participating and would like to award a prize, please indicate on your registration so we can verify eligibility.** For questions on eligibility, please send to: vendor2@ncbiomedassoc.com.

All booths are \$800.⁰⁰. Vendors are limited to no more than 4 booths. Two attendees are allowed per rented booth. Additional representatives are welcome at a cost of \$100.⁰⁰ 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.



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

NCBA Exhibit Space Selection for 2021 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) Booth availability will be updated on website as payments are received.

Vendor Setup: Vendors may set up Wednesday August 18th, 2021 from 11am – 3pm. Vendor area will open to attendees at 4:30 pm on August 19th, 2021.

Booth Removal: Vendors may tear down Thursday August 19th, 2021 12:00PM - 3:00PM.

Exhibit Times: 8/18/2021 4:30pm - 7:00pm and 8/19/2021 8:30am – 10:30am.

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

All displays must be taken down by 10:00 pm Thursday, August 19th, 2021.

If you have any questions, please contact Bill Fry – Vendor Coordinator e-mail vendor2@ncbiomedassoc.com

Attention

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

42(3)nd 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 to discuss other means of support for the North Carolina Biomedical Association.

North Carolina Biomedical Association

Vendor Information and Agreement

- EVENT:** 41st Annual North Carolina Biomedical Association Symposium & Exposition
- DATE:** Tuesday, August 17th, 2021 – Thursday, August 19th, 2021
- PLACE:** **Pinehurst Resort and Conference Center**
80 Carolina Vista Dr,
Pinehurst, NC 28374
<http://www.pinehurst.com/>
- EXHIBITOR FEES:** The fee is \$800.⁰⁰ 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.
- EXHIBIT HOURS:** Exhibits will be located in the Exhibit Hall of the Pinehurst Resort and Conference Center. Exhibit hours are Wednesday from 4:30pm – 7:00pm and Thursday 8:30am – 10:30pm.
- REMOVAL OF EXHIBITS:** Removal of exhibits will be allowed on Thursday 8/19/2021 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 43rd Annual Symposium & Expo Vendor Contract

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

2	BOOTH SPACE REQUIRED
Number of Booths (limited to 4) _____ X \$800.⁰⁰ each = _____	
Two representatives are allowed access per booth rented. Please list below. 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 _____	

3	ADDITIONAL GUESTS/REPRESENTATIVES
Each booth rented above allows two persons access. Additional guests or representatives may attend at a cost of \$100. ⁰⁰ each. Use back to list these.	
Additional Guests/Representatives _____ x \$100.⁰⁰ each = _____	
Total Guest/Representatives attending sponsored meals: _____	

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 \$ _____

6 PAYMENT INFORMATION

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

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

5 LOCATION PREFERENCE

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

AUTHORIZATION SIGNATURE

I hereby apply for the above exhibit space at the
 42nd 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 _____

