

# VENDOR/EXHIBITOR CONTRACT

**2010 TRIBAL SELF-GOVERNANCE ANNUAL CONFERENCE ~ SALT-RIVER PIMA-MARICOPA INDIAN COMMUNITY  
CASINO ARIZONA ~ TALKING STICK RESORT, SCOTTSDALE, AZ  
MAY 2-6, 2010**

## VENDOR/EXHIBITOR INFORMATION

Contact Person:		Daytime Phone:
Badge Names (2):		Cell Phone:
(1) Last Name: _____ First Name: _____		Onsite Phone:
(2) Last Name: _____ First Name: _____		
Tribe/Organization/Business:		Fax No.:
Address:		Email:
City:	State	Zip:

**VENDOR/EXHIBITOR CONTRACTS ARE SUBJECT TO CONFERENCE PLANNING COMMITTEE APPROVAL  
AND SHOULD NOT BE CONSIDERED FINAL UNTIL VENDOR IS NOTIFIED.**

### BOOTH SPECIFICATIONS

### PAYMENT

<input type="checkbox"/> \$500 Vendor/Exhibitor Space (includes 2 – 6 ft. table and 2 chairs)	<input type="checkbox"/> \$150.00 to add 1 6 ft. table (space is limited, all requests for extra tables are limited to availability)	<input type="checkbox"/> For Audio/Visual Requests Contact the in-house AV company at 407-238-8637	_____ space (s) X \$ _____
			_____ extra (s) X \$ _____
			Grand Total: \$ _____

### TERMS & CONDITIONS

This application for exhibit space was made on this \_\_\_\_\_ day of \_\_\_\_\_, 2010 by and between Self-Governance Communication & Education, herein after referred to as "SGCE," and \_\_\_\_\_, herein after referred to as "Exhibitor." Application for space and notification of its acceptance constitutes a contract to use the space assigned. SGCE retains the right to assign and/or change exhibit locations as it relates to logistics associated with the conduct of the Conference. SGCE reserves the right to refuse space to those applicants whose exhibit materials are deemed not to be within the best interests of the Conference and SGCE. **ALL FEES are NON-REFUNDABLE/NON-TRANSFERABLE.** The Exhibitor indemnifies and agrees to hold harmless SGCE and the **Casino Arizona – Talking Stick Resort and Spa**; their officers, directors, employees, and agents, from and against any actions, losses, costs, damages, claims, and expenses (including attorney's fees) arising from any damage to property or bodily injury to Exhibitor, his agents, representatives, employees by reason of the Exhibitor's occupancy or use of the exhibition facilities. In accordance with the rules and regulations governing exhibits for the **2010 Annual Conference, May 2-6, 2010**, the undersigned makes application for exhibit space and must enclose the full fee to execute this Contract.

### IMPORTANT NOTE

### CONFERENCE SCHEDULE

Upon receipt of the Exhibitor Contract and PAYMENT-IN-FULL your application will be processed. Due to limited space all booths will be assigned on a first-come first-serve basis. Please register early, as space is not guaranteed. No On-Site Exhibitor Contracts will be processed. DEADLINE for Receipt of Applications: Monday, April 19, 2010

MOVE-IN SUNDAY, May 2, 2010 FROM 10:00 AM – 5:00 PM  
EXHIBITS OPEN MONDAY – THURSDAY, May 3-6, 2010 FROM 8:00 AM - 5:00 PM  
MOVE-OUT THURSDAY AFTERNOON, May 6, 2010 (Can we be a little more specific about time here since this time is different from above?)

### METHOD OF PAYMENT

### FURTHER INFORMATION

<input type="checkbox"/> Enclosed is a check or money order Payable to "SGCE"	Credit Card Payments Call: 360-380-1820  ONLY   ACCEPTED	<ul style="list-style-type: none"> <li>➤ SGCE will not be responsible for storage of vendor(s)/exhibitor(s) inventory</li> <li>➤ SGCE will not be responsible for relocating the booth; it is the sole responsibility of the vendor/exhibitor to do so in the time provided.</li> <li>➤ SGCE will not provide contact information of conference participants to vendor(s)/exhibitor (s)</li> </ul>
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ALL FORMS MUST BE RECEIVED BY FRIDAY APRIL 19, 2010 CLOSE OF BUSINESS (4:30 PM PACIFIC TIME) NO EXCEPTIONS  
-- Copies of Checks Do Not Constitute Payment --

### WHERE TO SEND THIS FORM AND PAYMENT

### PLEASE SIGN

Please send form and payment to: ATTN: Nic Riley  
SGCE  
Pacific Commerce Center  
5060 Pacific Highway, Suite 101  
Ferndale, WA 98248

I have read and agree with all of the above

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

### FOR SGCE STAFF USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)

<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK	Received By:	Alpha:
Auth: _____	Note: _____	Number: _____
Amount Received \$ _____	Date: _____	DB: _____
		CM: _____