



The CONNECTICUT ASSOCIATION for ADULT and CONTINUING EDUCATION

The 2012 CAACE CONFERENCE
March 29 & 30, 2012
Mystic Marriott Hotel and Spa
Groton, CT 06340

EXHIBIT TABLE CONTRACT

In accordance with the terms of the contract stated herein, the organization below contracts for exhibit space and services offered by the 2012 CAACE Conference on a first-come, first-served basis.

Name of Organization _____

Name of Contact Person _____ Email: _____

Street _____ City _____ State _____ Zip _____

Phone _____ Fax _____

DEADLINE FOR INCLUSION OF YOUR NAME IN THE PROGRAM IS FEBRUARY 14, 2012
Payments after this date are acceptable but will not be included in our program.

Please check one: [] 1 table - \$400 [] 2 tables - \$675

Name of organization as it will appear on table identification sign and program booklet
(please print): _____

Name of individual(s) attending conference: _____

Will you be pre-shipping exhibit materials? ____yes ____no

If yes, pre-shipped materials should arrive no earlier than March 28, 2012. Mail materials to: 2012 CAACE Conference (March 29 & 30, 2012), c/o Mystic Marriott Hotel and Spa, 625 North Road, Route 117, Groton, CT 06340. **Note** Due to very limited space, storage space is not available for display materials and/or show merchandise. Any boxes or display material that arrives 2 days or less before the start of the event will be stored complimentary. We cannot store items after the event.

Do you need electrical service? ____yes ____no

Only one outlet is available per exhibit table. It is recommended that you bring your own power strip with a surge protector if you require additional outlets.

Do you need wi-fi internet service? ____yes ____no

Exhibitor agrees to keep CAACE harmless for any damages, loss, cost liability, or other non-program expense associated with exhibitor's occupancy and use of exhibition premises. Exhibitor acceptance: I, the duly authorized representative of the undersigned organization, on behalf of said organization subscribe and agree to all the terms, conditions, authorizations, and covenants contained in this contract for exhibit space and services.

Signature _____ Date _____

Please mail signed contract and check payable to:

CAACE
P. O. Box 339, North Haven, CT 06473
Phone/Fax 203.691.5016
Caace@comcast.net
www.caace.org