

# NATIONAL CONGRESS OF AMERICAN INDIANS

## 62nd Annual Convention

**October 30 - November 4, 2005**

**Tulsa, OK**

**DEADLINE:**  
**October 14, 2005**

### EXHIBITOR CONTRACT

PLEASE TYPE OR PRINT CLEARLY.

EXHIBITOR CONTRACT MAY BE DUPLICATED

#### EXHIBITOR INFORMATION

Contact Person: _____	Daytime Phone: _____
Badge Names: (1) _____ (2) _____ <small>No More Than Two Badges will be issued per exhibit space</small>	Fax No: _____
Company/Organization/Tribe: _____ <small>Name as it will appear on signage</small>	E-Mail: _____
Mailing Address: _____	Will the contact person or others listed here register to attend conference? <input type="checkbox"/> Yes <input type="checkbox"/> No
City: _____ State: _____ Zip Code: _____	
Website Address [Optional]: _____	

#### BOOTH

#### PAYMENT

<input type="checkbox"/> \$750 Tribe	<input type="checkbox"/> \$750 Indian Arts & Crafts	<input type="checkbox"/> \$1,800 Corporation	_____ space (s) x \$ _____
<input type="checkbox"/> \$900 Non-Profit Organization/ Educational Institution	<input type="checkbox"/> \$1,000 Entrepreneur/ Tribal Enterprise	<input type="checkbox"/> \$1,800 Federal Agency	Grand Total: \$ _____

#### COVENANT

This application for exhibit space was made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 2005 by and between The National Congress of American Indians, hereinafter referred to as "NCAI," and \_\_\_\_\_, hereinafter referred to as "Exhibitor." Application for space and its acceptance constitutes a contract to use the space assigned. NCAI retains the right to assign and/or change exhibit locations for unavoidable problems of the parties involved. NCAI reserves the right to refuse space to those applicants whose exhibit materials are deemed not to be within the best interests of the organization.

The Exhibitor indemnifies and agrees to hold harmless NCAI and the Tulsa Convention Center, 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 62nd Annual Convention, October 30 - November 4, 2005, the undersigned makes application for exhibit space and encloses the full fee for each space requested.

**SIGNATURES:** \_\_\_\_\_

#### PLEASE NOTE

**When Exhibitor Contract and PAYMENT is received, you will be sent an exhibitor packet which will give you information on shipping and ordering electrical outlets, phone lines, etc. Convention expenses are used to defray NCAI operating costs. Therefore, it is NCAI's policy not to refund exhibitor contract fees. PLEASE DO NOT FAX OR MAIL forms and/or purchase orders AFTER OCTOBER 14, 2005. FAXED copies of checks do not constitute payment.**

#### TRADE SHOW SCHEDULE

MOVE-IN 1:00 - 5:00 - SUNDAY 10/30/05  
EXHIBITS OPEN 9:00-5:00 - MONDAY 10/31/05 through THURSDAY 11/3/05  
EXHIBITS OPEN 9:00-12:00 - FRIDAY 11/4/05  
MOVE-OUT FROM 12:00-3:00 - FRIDAY 11/4/05

#### METHOD OF PAYMENT

<input type="checkbox"/> Enclosed is a check or money order payable to the National Congress of American Indians	Charge fees to credit card. Fax this information to NCAI at [202]-466-7797 VISA <input type="checkbox"/> MC <input type="checkbox"/> Number: _____ Exp Date: _____ Cardholder Name: _____ Signature: _____
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#### FURTHER INFORMATION

Contact Bernida Humetewa at [505]-867-0203 or by e-mail to [bhmetewa@ncai.org](mailto:bhmetewa@ncai.org) or visit the website at [www.ncai.org](http://www.ncai.org)

#### VOTING INFORMATION

To vote during the Annual Convention membership and conference registration needs to be paid in full. Exhibitor Fees do not constitute convention registration fees.

Please mail payment to: NATIONAL CONGRESS OF AMERICAN INDIANS  
1301 Connecticut Avenue NW  
Suite 200  
Washington DC, 20036

#### FOR STAFF USE ONLY [Please Do Not Write In This Area]

PAYMENT RECEIVED: \$	RECEIVED BY: _____
o CASH	DATE: _____
o CREDIT CARD AUTH. NO: _____	NOTE: _____
o CHECK NO: _____	