

North Carolina Vegetation Management Association Annual Symposium



NCVMA
North Carolina
Vegetation Management
Association



December 5-6, 2018

Sheraton Greensboro at Four Seasons
3121 West Gate City Blvd.
Greensboro, NC 27407

Need Further Information Contact:

Cathy Price Horton
Trade Show Coordinator
P.O. Box 58220, Raleigh, NC 27658
Phone: 919-413-9544 Fax: 919-882-8533
Email: cathy@seasag.com

Exhibitor Information

GENERAL INFORMATION

- ◆ Exhibitor set-up is Wednesday, December 5, 2018 beginning at 7:00 am to 8:00 am (**Early Setup Tuesday, December 4, 2018 from 6:00 pm to 8:30 pm**)
- ◆ Breakfast for Wednesday and Thursday morning will begin at 7:30 am (it is include in the Exhibitor Registration Fee.)
- ◆ Wednesday Lunch is from 12 noon till 1:00 pm (its included in the Exhibitor Registration Fee)
- ◆ Booth take down will be on Thursday, December 6, 2018 from 12:00 pm to 2:00 pm
- ◆ Please be prepared to make a two-minute presentation during the EXHIBITOR PRESENTATION portion of the program to showcase your company's products and services.
- ◆ Exhibitors are encouraged to **provide door prizes** for the educational session attendees. Please bring your door prize with you to the event
- ◆ Exhibitors are responsible for their own hotel reservations.

EXHIBIT PACKAGES

SUSTAINING MEMBER \$750.00

Includes:

- Booth
- 2 complete conference registrations.
- Your company weblink on the NCVMA website.

SUPPORTING MEMBER \$500.00

Includes:

- Booth
- 1 complete conference registration.

DOUBLE YOUR BOOTH SPACE \$100.00

Electricity is not included in booth price. Please use the enclosed electrical form to sign-up.

REGISTER

To Register on-line, go to www.ncveg.com click on Symposium to register and pay with a credit card.

You can also mail your registration form with check to:
NCVMA
PO Box 58220, Raleigh, NC 27658

LOCATION

Sheraton Greensboro at Four Seasons
3121 West Gate City Blvd.
Greensboro, NC 27497

DATES

Wednesday, December 5, 2018 thru
Thursday, December 6, 2018.

HOTEL ACCOMMODATIONS

Sheraton Greensboro at Four Seasons Hotel, Reservation Office (336) 291-9161 or (866) 716-8134. **Reservations must be received no later than November 22, 2018.** Please mention that you are with North Carolina Vegetation Management Association Annual Symposium so you will receive the preferred group rate \$112.00 (tax included). All reservations are based on availability.

TRADE SHOW COORDINATOR

Cathy Price Horton, NC Vegetation Management Assoc.
P.O. Box 58220
Raleigh, NC 27658
Mobile: 919-413-9544
Email: cathy@seasag.com

ASSOCIATION CONTACT INFORMATION

Bonnie Holloman, Executive Director
NC Vegetation Management Association
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bonnie@seasag.com



2018 Sponsorship Information

YES! *I would like to be a Sponsor of the
2018 NCVMA Symposium*

Please check the appropriate box:

- | | | | |
|--------------------------|--------------------------|----|--------|
| <input type="checkbox"/> | Gold Sponsor | \$ | 500.00 |
| <input type="checkbox"/> | Lunch Sponsor | \$ | 300.00 |
| <input type="checkbox"/> | Break Sponsor | \$ | 250.00 |
| <input type="checkbox"/> | Casino Table Sponsorship | \$ | 200.00 |
| <input type="checkbox"/> | Contributor Sponsor | \$ | 100.00 |

Billing Information: Please print clearly

Company: _____

Contact Person: _____

Address: _____

City: _____ State _____ Zip _____

PAYMENT METHOD



Check # _____

Card# _____

Exp. Date _____

Name of Cardholder _____

Billing Address of Card: _____

MAKE CHECKS PAYABLE and mail to: NCVMA, P.O. Box 58220, Raleigh NC 27658

2018 NCVMA EXHIBITOR REGISTRATION FORM

(Electricity is not included in Booth, form is in packet)

Company: _____

Contact Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Please mark which option(s) that best fits your needs.

SUSTAINING MEMBER: **\$750.00**

2 Registrants Names: _____

SUPPORTING MEMBER: 1 Registrant Name: _____ **\$500.00**

DOUBLE YOUR BOOTH SPACE: # _____ of additional booths **\$100.00**

ELECTRICITY FOR BOOTH Yes No **\$ 75.00**

WILL YOU NEED A TABLE IN YOUR BOOTH Yes No

Total Enclosed \$ _____

Product/service to be exhibited _____

Exact Company Name to be listed on Banner: _____

Competitors for booth separation _____

PAYMENT METHOD:    

Check # _____

Card# _____

Exp. Date _____

Name of Cardholder _____

Billing Address of Card: _____

MAKE CHECKS PAYABLE and mail to: NCVMA, P.O. Box 58220, Raleigh NC 27658