

# 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

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**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](mailto: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](http://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. 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](mailto:cathy@seasag.com)

## ASSOCIATION CONTACT INFORMATION

Bonnie Holloman, Executive Director  
NC Vegetation Management Association  
P.O. Box 58220  
Raleigh, NC 27658  
Phone: 919-607-1370 Fax: 919-882-8533  
[bonnie@seasag.com](mailto: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: \_\_\_\_\_

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