

Northern California Psychiatric Society

A District Branch of the American Psychiatric Association

77 Van Ness Ave., Ste. 101, #2022, San Francisco, CA 94102

(415) 334-2418 • FAX (415) 239-2533

57th Annual Meeting and Scientific Program March 24-26, 2017

The Meritage Resort and Spa
Napa, California

EXHIBITOR CONTRACT

Exhibit Fee.....\$2,500

Please return the completed form to the Northern California Psychiatric Society together with your check made payable to NCPS or complete the credit card information below. The **NCPS Federal Tax ID is #94-6079052**. Because space is limited your participation is not guaranteed until payment or purchase order is received and will be allocated on a first come, first served basis. Deadline to submit form and pay is **March 3, 2017**.

EXHIBITOR CONTRACT

Name of company _____ Phone _____

Address (include street/city/state/zip) _____

Name of contact (*where confirmation should be sent*)

Registrant's Name (<i>exhibit staff</i>)	Email Address	Phone
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Registrant's Name (<i>exhibit staff</i>)	Email Address	Phone
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Exhibit Space layout: 8' X 6' space, table and two chairs, booth sign.

Electrical Requirements: Please describe the type of equipment you will be displaying and what your power requirements will be. A fee will be charged if special installation is required.

HOLD HARMLESS AGREEMENT - In consideration for the use of space provided by the Meritage Resort and Spa and participation in the Northern California Psychiatric Society's Annual Meeting, the above named company hereby holds harmless the Northern California Psychiatric Society and the Meritage Resort and Spa, their agents and employees, for any loss, damage or injury resulting from participation in the above named conference to be held **March 24-26, 2017**.

Signature of Authorized Representative

Date

We appreciate your support of the 57th Annual Meeting and Scientific Program of the Northern California Psychiatric Society.

Register below by mail or fax:			
Name _____	Company: _____		
Phone: _____	Email: _____		
Payment by: <input type="checkbox"/> Check # _____ (payable to NCPS)	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card Number: _____	V-Code: _____	Expiration Date: _____	
Signature: _____			
Billing Address: _____			
City: _____		ST: _____	ZIP: _____
Mail: 77 Van Ness Ave., Ste. 101, #2022, San Francisco, CA 94102			
Register by Fax: (415) 239-2533 / Questions? Call: (415) 334-2418 or email: info@ncps.org			
www.ncps.org			