



34th Annual Conference • May 5-7, 2010 Sheraton Portsmouth Hotel

## EXHIBITOR AND SPONSOR REGISTRATION FORM

Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Street Mailing address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

<i><b>Sponsorship Options</b></i>	Fee	Total
Presenting Sponsor Indicate Event to Sponsor: General Session or Banquet	\$5,000	
Gold Sponsor Select Event to Sponsor: Lunch on Wed. or Thurs., Marketplace or Wine Wed. night	\$2,500	
Silver Sponsor Select Event to Sponsor: Break, Silent Auction, or Raffle	\$1,500	
Workshop Sponsor	\$500	
<i><b>Exhibit Options</b></i>		
Exhibits – Single Booth ( includes 1 registration)	\$750	
Exhibits – Non-Profit & State Agency	\$500	
<i><b>Additional Registrations</b></i>		
Additional Conference Registrations : Qty: _____	\$195	
Guest Banquet Tickets: Qty: _____	\$45	
<b>TOTAL AMOUNT DUE:</b>		

**Cancellation Policy:** If you cancel your exhibit reservation, there will be a full refund less a **\$50.00** administrative fee up to **April 10, 2010**. After **April 10<sup>th</sup>**, unfortunately no refunds will be issued.

Provide a **company logo** and **brief description/profile** of your company to be included in the Final Program. Submit electronically to [kim@delaneymeetingevent.com](mailto:kim@delaneymeetingevent.com) no later than April 1, 2010.

<b>PAYMENT METHOD:</b>	
<input type="checkbox"/> <b>Check (Payable to New Hampshire Travel Council)</b> <input type="checkbox"/> <b>Credit Card</b>	
_____	_____
Number	Exp. Date
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Cardholder Signature	

**MAIL TO:**  
**NH Governor's Conference on Tourism**  
 c/o Delaney Meeting & Event Management  
 One Mill Street, Suite 301 Burlington, VT 05401

PHONE: (802) 865-5202  
 FAX: (802) 865-8066