

TEXAS ASSOCIATION OF BENEFIT ADMINISTRATORS

June 1, 2015

Following is the Exhibitor Contract and Exhibitor Service Agreement. Please complete and sign the contract and return it to TABA. The Exhibitor Service Agreement should be sent to the host hotel.

Also send a one paragraph description of your company including contact information, website and a logo. This information will be included in the conference notebook and on the slide presentation.

To ship your booth materials to the hotel use the following address:

Phyllis Campbell- Texas Association of Benefit Administrators
c/o Crowne Plaza Hotel Galleria-Addison
14315 Midway Rd.
Addison, TX 75001
Hold for TABA Event - 9/13/15

Be sure your company name is on your boxes to insure they are identified and delivered to your booth space.

If you have any questions, please contact me.

Phyllis Campbell
512-507-7001
pcampbell@tabatpa.org

TABA 2015 Fall Conference Exhibitor Contract

Texas Association of Benefit Administrators, referred to as "TABA" and the undersigned firm, referred to hereinafter as "Exhibitor" and the Crowne Plaza Hotel, referred to hereinafter as "Hotel" agree as follows:

1. Exhibit Fees are payable upon return of signed contract. Signed contract and payment must be received to guarantee exhibit space for the 2015 Fall Conference & Exhibition. Space will be assigned by date payment & contract are received.
2. TABA will provide exhibit space and facilities as described in accordance with item 2 -9 below.
3. Due to extremely limited space only Tabletop Exhibits will be allowed. If your booth exceeds a 6' table top, you will be charged for two booths spaces. You are responsible for completing and sending the Vendor Services Request Form to the Hotel.

Explain any special needs for your display:

Describe your company's Services/Products and Display Items:

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4. Exhibitors are limited to products and services used by and useful to Professional Benefit Administrators. The Exhibits Manager will make the final determination as to whether this criteria is met.
 5. Exhibitor may cancel this agreement in writing prior to August 15, 2015 and receive a refund less a \$25 administrative processing fee. No refunds will be made for cancellation after this date.
 6. Neither the Hotel or TABA shall be liable to the Exhibitor for any damage to, destruction or loss of an exhibit or property of the Exhibitor by fire or other casualty, whether caused by the negligence of the Hotel, TABA, their officers, agents staff, employees or otherwise. The Exhibitor waives all claims for such losses, and Exhibitor shall indemnify and hold the Hotel and the TABA harmless from such claims.
 7. Exhibitors and/or their agents shall not injure or deface the walls or carpets or the equipment or the booths provided. Exhibitors are forbidden to drive tacks, nails or screws into the walls or woodwork in the exhibit area. Should such damage occur, the Exhibitor is liable to the owner of the property so damaged.
 8. TABA reserves the right to refuse any exhibit or Exhibitor and further reserves the right to close down any exhibit or Exhibitor for breach of this agreement, or for cause. In the event that an exhibit is closed down, TABA's liability is limited to the refund of contracted and paid space.
 9. Exhibitor declares the value of this Exhibit at: \$_____. Exhibitor declares the weight of this exhibit is: _____ and stays within the size requirements. _____(initial)

Please type or print:

I, the undersigned, have read all of the above and will abide by the same:

Representative Name: _____ Company: _____

Signature of Representative: _____ Date: _____

Signature of TABA Representative: _____

Return form with payment to TABA (if you are paying by check); you may register and pay online.

TABA • 6009 W. Parker Rd. #149-131 • Plano, TX 75093 • 512-507-7001 • pcampbell@tabatpa.org



CROWNE PLAZA®

HOTELS & RESORTS

VENDOR/EXHIBITOR SERVICE ORDER FORM

Date of Function: _____

EVENT/FUNCTION: _____ Booth# _____

EXHIBITOR/COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ PHONE: _____

CREDIT CARD NUMBER: _____ EXP DATE: _____

SIGNATURE OF CARD HOLDER: _____

SCHEDULE OF FEES

	QUANTITY	PRICE	TOTAL
120 Volt Single Phase 20 AMP (2400 Watts)	_____	\$ 30.00 per day	_____
120 Volt Single Phase 30 AMP (3600 Watts)	_____	\$ 40.00 per day	_____
120 Volt Single Phase 50 AMP (6000 Watts)	_____	\$ 60.00 per day	_____
208 Volt Single Phase 20-30 AMP	_____	\$ 60.00 per day	_____
208 Volt Single Phase 50 AMP	_____	\$115.00 per day	_____
208 Volt 3 Single Phase 20-30 AMP	_____	\$115.00 per day	_____
208 Volt 3 Single Phase 50-100 AMP	_____	\$270.00 per day	_____
Extension Cords/Power Strips	_____	\$ 7.50 per day	_____
Surge Protectors	_____	\$ 10.00 per day	_____
6 x 30 Vendor Tables with 2 Chairs	_____	\$ 25.00 per table	_____
Boxes – Charge applied for inbound & outbound _____ (Crates and Pallets do not qualify as boxes. A separate labor charge will be assessed for the handling of these items.)		\$ 3.00 per Box _____	
Crates – Charge applied for inbound & outbound _____		\$ 75.00 per Crate _____	
Pallets – Charge applied for inbound & outbound _____		\$ 150.00 per Pallet _____	
Direct Phone Line	_____	\$ 150.00 per day	_____
Dial “9” Phone Line	_____	\$ 35.00 per day	_____
T1 Line (internet)	_____	\$150.00 per day	_____