



BUSINESS SHOWCASE VENDOR APPLICATION

Wednesday, April 22, 2015
Novella's | 2 Terwilliger Lane, New Paltz, NY 12561
1:00 p.m. to 5:30 p.m.
845-255-0243 | www.newpaltzchamber.org

Business name (as it will appear on booth sign) _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Cell _____
Email _____ Web Address _____
Contact person (please attach card to application) _____
Briefly describe your business: _____

BOOTH FEES

Booth fee includes drape; one (1) 6' table; two (2) chairs; one (1) white linen table cloth; one (1) booth sign; one (1) wastebasket.
Electricity available for an additional fee of \$25

Early bird registration (application received by 3/13/2015): Member: \$250 / Non-member: \$350
(non-member fee includes \$100 credit toward NPRCoC annual membership investment)
Regular registration (application received after 3/13/2015): Member: \$300 / Non-member: \$400
(non-member fee includes \$100 credit toward NPRCoC annual membership investment)

SPONSORSHIP: Member: \$750 / Non-member: \$1,000

Sponsorship fee includes: complimentary booth space, your business name included on all press and promotional materials before, during and after the event; and two tickets for lunch at the Showcase. (non-member fee includes \$250 credit toward NPRCoC annual membership investment)

_____ I would like one (1) booth in the Business Showcase
(please circle one)
Member Non-Member

_____ I would like one (1) sponsorship package for the Business Showcase
_____ I will require electricity (\$25 additional fee)

INDEMNIFICATION & RELEASE AGREEMENT By signing below, I agree to release, indemnify, and hold harmless the New Paltz Regional Chamber of Commerce, its officers, directors, staff and members and any other organizations assisting the New Paltz Regional Chamber of Commerce, and the owners, operators and staff of the building, from and against any and all liability, claims, demands, expenses, fees, fines, penalties, suits, proceedings, actions and causes of action of any kind and nature arising or growing out of or in any way connected with the Business Showcase and from all theft, damage, or mysterious disappearance of any merchandise and/or display materials exhibited. Any damage done by the exhibitors will be billed to the Exhibitor involved.

CANCELLATION POLICY By signing below, I agree that I understand a 100% refund of all charges will be granted to any exhibitor who cancels participation in the Business Showcase prior to February 27, 2015. No refunds will be returned to those who cancel after February 27, 2015; the payment will be applied to next year's Showcase. If I cannot attend the Showcase, I agree to notify the New Paltz Regional Chamber of commerce so as to make provision to not have an empty space the day of the event.

Vendor signature _____ Date _____

Please return this form with payment to:
New Paltz Regional Chamber of Commerce, 257 Main Street, New Paltz, NY 12561

Payment type (please circle one):
Check Visa MasterCard American Express Discover
(payable to New Paltz Regional Chamber of Commerce)

For credit card payments:

Card number _____ Expiration Date _____ CVV Code _____
Billing address (if different from above) _____
Signature _____

For questions or more information, please contact call the New Paltz Regional Chamber of Commerce at 845-255-0243 or email info@newpaltzchamber.org