

EXHIBITOR GUIDELINES & REGISTRATION FROM

April 7th & 8th, 2020
Radisson Hotel
11 Tara Blvd. Nashua, NH 03062

Hosted by:



*National Safety Council of
Northern New England*

**NATIONAL SAFETY COUNCIL OF NORTHERN NEW ENGLAND
2 WHITNEY ROAD, STE. 11, CONCORD, NH 03301
603-228-1401**

49TH Annual New Hampshire Safety & Health Conference

BOOTH FEES & AMENITIES

Booth Option 1- \$625 (with electricity)

Booth Option 2 -\$575 (without electricity)

With the purchase of each individual booth, you will receive:

- 8x10 pipe/drape booth
- One 6ft skirted table
- 2 chairs
- Hall has Carpet
- Internet Access
- Lunch both days for two representatives
- Continental breakfast on Wednesday for two representatives
- Access to both keynote/closeout speakers
- Attend any breakout sessions of your choice

ADDITIONAL FEES

- Extra 6ft. table ...Order though SER
- Extra Representative breakfast / lunch included...\$35
- Quarter page ad in brochure...\$150

If you decide you want power at the show, you will need to go through the hotel.

SHIPPING INFORMATION

If you need to ship materials to the venue prior to the show, you must call the Radisson at (603)888-9970 to make arrangements.

CANCELLATION POLICY

If you need to cancel, you must do so prior to March 20, 2020 to receive a 100% refund. No refunds will be issued after March 20, 2020 due to marketing and administrative costs incurred. Cancellations must be made in writing, emailed to melissaw@nscnne.org

HOTEL INFORMATION

NSCNNE has reserved blocks of rooms at the Radisson at a reduced rate. Please contact the hotel directly to reserve your room.

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REGISTRATION FORM

Company:	Bill Contact:
Address:	Billing Contact Email:
Website:	Billing Contact Phone:
Representative Contact Name/Email: (to receive conference info)	

OPTIONS	PRICE	TOTAL
Booth Option 1 – with electricity	\$625.00	
Booth Option 2 – without electricity	\$575.00	
Black & White Quarter Page Ad	\$150.00	
Extra Representatives – with breakfast and lunch	\$35.00	
Total to be billed:	\$	

Credit card number:	
Name on card:	
Expiration date:	Security Code:
Signature:	

Please invoice me and send to:

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