

**2019 NJ IARP CONFERENCE**  
**EXHIBIT SPACE RENTAL AGREEMENT**

We the undersigned do hereby agree to the following:

1. Consider all provisions of the enclosed Exhibitor's Prospectus a part of this agreement.
2. Exhibit fee includes:
  - Two (2) conference registrations
  - One (1) 6 foot draped table with two (2) chairs
  - General overhead lighting and listing of the exhibit in the Conference program.
  - A certificate for a conference registration for a Nurse Case Manager of your choice, courtesy of the Exhibiting company will be sent when agreement **with check** is received.
3. Additional furnishings, labor, shipping and hotel arrangements must be made individually and are not included in this agreement. Conference registrations will be in the name of Exhibit Representatives listed below.
4. Booth space is limited. Availability is on a first come, first serve basis. One booth per exhibitor.

**20<sup>th</sup> ANNUAL NJ IARP CONFERENCE 2019:**

**(Please type or print all information below)**

Payment of **\$825.00** per booth must be returned with this form

I NEED ELECTRICITY: YES      NO (Please circle one)

I WISH TO RESERVE A BOOTH & HAVE ENCLOSED PAYMENT IN  
THE AMOUNT OF \$: \_\_\_\_\_

COMPANY NAME:

\_\_\_\_\_  
(As you wish it to appear in conference book)

EXHIBIT REPRESENTATIVE #1 (one person only)

\_\_\_\_\_  
EXHIBIT REPRESENTATIVE #2 (one person only)

\_\_\_\_\_  
ADDITIONAL REPRESENTATIVES (include payment of \$125 for  
each additional representative)

\_\_\_\_\_  
(As you wish the names to appear on name badge)

The person below will be maintained in our database as our primary point of contact:

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Company address (if different from above)

\_\_\_\_\_

Website address: \_\_\_\_\_

**FOR THE CONFERENCE BOOK:  
PLEASE E-MAIL A 75 +/- WORD DESCRIPTION OF YOUR COMPANYS  
SERVICE OR PRODUCT TO [minaro@comcast.net](mailto:minaro@comcast.net)  
OR  
Use last years: YES NO (Please circle one)**

Please return completed form with check to:

**NJ IARP  
PO Box 272  
Bordentown, NJ 08505**