

COUNCIL ON COMPULSIVE GAMBLING OF NEW JERSEY, INC.
29th ANNUAL STATEWIDE CONFERENCE ON COMPULSIVE GAMBLING
SEPTEMBER 22, 2011

EXHIBIT SPACE APPLICATION AND CONTRACT

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Person Responsible for Exhibit: _____

Address (If different than above): _____

City: _____ State: _____ Zip: _____

Telephone:(____) _____ Fax:(____) _____ E-mail Address: _____

EXHIBIT SPACE: Includes exhibit space and one conference registration. Exhibit spaces are approximately 10' X 6'. One exhibit space per organization please. The cost of the booth is **\$300.00**.

Is Electric Outlet Needed: _____ Yes _____ No

LITERATURE TABLE: There will be a literature table on which your organization's information can be placed for **\$50.00 per piece**.

_____ **PAYMENT ENCLOSED \$** _____ **STATE VOUCHER \$** _____

Make your check payable to **COUNCIL ON COMPULSIVE GAMBLING OF NEW JERSEY, INC. (CCGNJ, INC.)**. Payment or state voucher must accompany application.

The Council on Compulsive Gambling of New Jersey, Inc. assumes no liability for damage to exhibits, either in transit to or from the hotel or while the exhibit is in the hotel. The exhibitor assumes all liability for the exhibit. The Council reserves the right to determine the eligibility of all exhibit space applicants and individual products and services to be exhibited. Exhibits, which are determined to be inconsistent with the high standards of the Conference, or are otherwise noisy, in bad taste, or conflict with the orderly management of the Conference will be denied admission to the Conference.

Signature of Applicant

Title/Position

Date

ALL EXHIBIT APPLICATIONS MUST BE RECEIVED BY SEPTEMBER 9, 2011.

Mail application and payment to:

CCGNJ, Inc.

3635 Quakerbridge Rd., Suite 7

Hamilton, NJ 08619

Attn: Alice Ostapiuk

Exhibit booths may be set up anytime **after 6:00 a.m. on Thursday, September 22, 2011**. Setup before this time is prohibited.