

EXHIBIT SPACE CONTRACT

BADGES: Please list the names of your

representatives who will need a name badge:

2014 MAPCR Fall Convention Sheraton, Ann Arbor, Michigan September 26-27, 2014

Space Reservation

(Note: Table rental includes all meals noted in the brochure for

one person and electricity. Please let us know if you need more than the standard 120 volts.) ____Single 6" table, clothed/skirted (\$ 225) __Additional 6' Tables (\$ 25 per table) Additional Meals **Show Times:** As stated, your space reservation includes lunch for one. If you require additional meals, please add on \$35 to your TOTAL COST below. Saturday, September 27, 2014 _# of additional meals needed for Saturday 8:00 a.m. - 5:30 p.m. TOTAL SPACE COSTS = \$_____ TOTAL ENCLOSED: \$_____ Exhibitor assumes responsibility and agrees to indemnify and defend the Michigan Association of Professional Court Reporters and the Sheraton Hotel and their respective employees and agents against any claims or expenses arising out of the use of the exhibition premises. The exhibitor understands that neither the Michigan Association of Professional Court Reporters nor the Sheraton Hotel maintain insurance covering the exhibitor's property and it is the sole responsibility of the exhibitor to obtain such insurance. Authorized Signature Please fill out the information below and return with full payment to: MAPCR, P.O. Box 366, Pinckney, MI 48169, Tel: 734.498.2627, Fax: 734.498.8415. Checks should be made payable to MAPCR. There will be a \$50 cancellation fee. Company Name City ______State ____ ZIP _____ Phone______Fax_____Email _____ **Method of Payment** Check #: \square MasterCard \square Visa

Return Form and Payment by September 12, 2014

Signature:

Card #:______ Exp. Date: ______

3-Digit Code:_____ Card Billing Address Street and ZIP Code: _____

For special arrangements, please contact the MAPCR office at 734.498.2627.