

## EXHIBIT SPACE CONTRACT

2012 MAPCR Fall Convention Somerset Inn, Troy, Michigan October 13, 2012

Space	Reservation	
-------	-------------	--

BADGES: Please list the names of your (Note: Table rental includes all meals noted in the brochure for representatives who will need a name badge: one person and electricity. Please let us know if you need more than the standard 120 volts.) \_\_\_\_Single 6" table, clothed/skirted (\$ 200) \_\_\_\_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, October 13, 2012 \_# 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 Somerset Inn 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 Somerset Inn 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. Name City \_\_\_\_\_State \_\_\_\_ZIP \_\_\_\_ Phone\_\_\_\_\_Fax\_\_\_Email\_\_\_\_ **Method of Payment** Check #:\_\_\_\_\_ ☐ MasterCard ☐ Visa Exp. Date: Card #: 3-Digit Code:\_\_\_\_\_Card Billing Address Street and ZIP Code: \_\_\_\_\_ Signature: \_\_\_\_