

Signature: ____

EXHIBIT SPACE CONTRACT

BADGES: Please list the names of your

representatives who will need a name badge:

2020 MAPCR Convention DoubleTree Hotel Dearborn, Michigan

March 13-14, 2020

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 (\$ 30 per table) Additional Meals **Show Times:** As stated, your space reservation includes lunch for one. If you require additional meals, please add on \$30 to your TOTAL COST below. Saturday, March 14, 2020 ____# of additional meals needed for Saturday 8:00 a.m. - 5:00 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 DoubleTree 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 DoubleTree 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 Address _____ City _____State ____ZIP ____ Phone _____Fax_____Email _____ **Method of Payment** Check #:_____ ☐ MasterCard ☐ Visa Card #: Exp. Date: 3-Digit Code: Card Billing Address Street and ZIP Code: