

2020 CE MEETINGS



The total cost for each booth includes breaks and lunches for ONE person on each day of the meetings. There is a charge of \$60 per day for each additional person.

OPTION #1

Two day Winter Meeting 2/8 and 2/9 \$700
 One day Summer Meeting 6/19 \$400
Total \$1,100

OPTION #2

*One day only of the Winter Meeting \$450
 One day Summer Meeting 6/19 \$400
Total \$850

Prepay for both meetings by 1/15/20

receive 10% discount of - \$110
Final total both meetings \$990

Prepay for both meetings by 1/15/20

receive 10% discount of - \$85
Final total both meetings \$765

OPTION #3

Two day Winter Meeting 2/8 and 2/9 \$700
 Payment after 1/30 \$775

OPTION #4

One day only Winter Meeting \$450
 Payment after 1/30 \$525

OPTION #5

Friday, June 19 Summer Meeting \$400
 Payment after June 9 \$475

OPTION # _____ TOTAL \$ _____

*If only attending one day of the Winter Meeting, please indicate which day: Saturday _____ Sunday _____

of additional people Saturday 2/8 _____ Sunday 2/9 _____ Friday 6/19 _____ @ \$60.00 day \$ _____

FINAL TOTAL \$ _____

Please make checks payable to Vermont Veterinary Medical Association Tax ID# 06-6006823 and mail to 88 Beech Street, Essex Junction, VT 05452.

To pay with credit card call VVMA Executive Director Kathy Finnie at 802-878-6888.

Exhibit space will consist of one 2 foot x 6 foot draped table and two chairs. Electricity will be available, but please bring extension cords.

The Vermont Veterinary Medical Association and The Hilton Burlington shall not be liable or responsible for any loss, fire, theft, damage, or injury that may occur to the property of the exhibitor or servants, guests, and invitees from any cause whatsoever, arising out of, or from, or incident to, the use of occupancy of the exhibit area by the exhibitor, its agents, servants, employees, guests, and invitees; and the exhibitor, by signing this contract expressly release the above named parties from liability from any and all such loss, fire, theft, damage, injury, death, and personal injury claims whatsoever.

By signing this contract your Company is agreeing to provide representation for the duration of the meetings. Dismantling in the vendor hall will not occur until the meetings end for the day. Under no circumstances will any tables be dismantled during the stated times the vendor hall is open.

Company: _____ Date: _____

Signature: _____ Print Name: _____

Booth Attendants:

Name: _____ E-mail: _____

Name: _____ E-mail: _____

E-mail confirmation to: _____

Fax completed contract to Cathy Kocsis 802-447-0320 or e-mail cathy@wmah.net