THE 55th MASC/MASS ANNUAL JOINT CONFERENCE Resort & Conference Center-Hyannis, Massachusetts November 6 & 7, 2019

1.	We hereby contract with the Massachusetts Association of School Committees and the Massachusetts Association of School Superintendents for booth space in the exhibition area of the 55th MASC/MASS Annual Joint Conference to be held at the Resort & Conference Center Hyannis in Hyannis, MA on November 6 & 7, 2019. We further agree to comply with all the rules and regulations.			
2.	Booth Sizes: Booth Cost:	8' deep x 10' wide or 5' deep x 10' wid \$1,495.00 - first booth, \$1,200.00- each		op Space \$1,000.00 (Only 4 available)
3.	Booth:	1st choice — 2nd choice —	3 rd choice	— Total Cost: \$
4.	Enclosed please find my check for \$ PAYABLE TO MASC. No Credit Cards Please! This amount represents fifty percent (50%) of the total cost of the booth space. SPACE WILL NOT BE HELD WITHOUT A DEPOSIT. THE BALANCE IS DUE BY October 7, 2019. Cancellations must be received in writing no later than September 27, 2019 to receive a refund on deposits. After that date no refunds will be given.			
5.	We understand that we will receive a two-line sign, 3' side drapes and 8' back drapes, two chairs, waste basket and one 6 draped table, at no additional charge. As an exhibitor, we are entitled to take advantage of a 15% discount on advertising that we place in the Official Conference Program Directory.			
6.	Exhibits can be set-up on Wednesday, November 6 th , between 8:00am and 3:00pm. No exhibit may be broken down until Thursday, November 7 th , at 2:00pm. No readily combustible materials shall be used in the display. Show management reserves the right to eliminate any nuisance which constitutes a detriment to the show.			
7.	No responsibility for loss will be assumed by MASC/MASS, Dame Associates, Inc., or the Resort & Conference Center Hyannis, although all precautions will be taken, including the hiring of guards, and the locking and securing of the exhibition hall during "off" hours.			
8.	Show hours:	Wednesday 3:00pm - 6:30 pm Thursday 7:30am - 12:00 noon 1:00pm - 2:00 pm	ı	
COMP	PANY NAME: —			
CONT	ACT NAME: —			
AUTH	ORIZED SIGN	JATURE :		
STREI	ET :			
CITY:		STATE:		ZIP:
TEL:-		FAX:	EMAIL:	
PROD	UCTS/SERVI	CES TO BE SHOWN :		
Please 1	make checks pay	and mail to:	Office Use Only	
		Dame Associates, Inc. 100 Lincoln Street	Check#:	
		Brighton, MA 02135		
		Tel: 617-783-4777, 800-843-3263 Fax: 617-783-4787	Balance Payment:— Check#:———	
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