



North Carolina Association of Educational Office Professionals, Inc.

VENDOR CONTRACT

(Please print or type all information)

VENDOR CONTRACT FOR: **Exhibit** _____ **Retail** _____

BUSINESS/ORGANIZATION NAME: _____

Address: _____

Contact Phone: _____ **Contact Email:** _____

Name of Person(s) Responsible for Booth: _____

Description of Product or Service: _____

We contract for service(s) indicated below:

	COST	TOTAL
_____ One booth with table (10' x 8')	\$300	\$
_____ Two booths with 1 or 2 tables (20' x 8')	\$400	
_____ Standard 120-volt outlet	\$ 0	
_____ Internet	Hotel Cost	
_____ Other Contribution – no displays		
	Total Enclosed	\$

The undersigned has read, understands and agrees to the contract information as stated and as the contract is completed.

Signature/Title: _____ **Date:** _____

Mail completed and signed contract with full payment by February 1 to Vendors Coordinator:
 Linda M. Caesar | Cumberland County Schools | 417 River Landing Drive, Fayetteville NC 28312

NO REFUNDS

COPIES TO: ___ State President ___ Finance Officer ___ Conference Coordinator ___ Vendor Chair