



**BUSINESS PARTNERS...Get Ready...  
2019 NJCCA Spring Conference**

**The Event:**

Join the Eighth Annual NJCCA “Partners in Education” Spring Conference on March 22 & 23, 2019 at the APA Hotel Woodbridge, 120 Wood Ave. South, Iselin, NJ 08830.

**Attendees of this Conference:**

Early childhood administrators, owners, directors and staff from private preschools and child care centers, family child care providers, trainers, consultants, early childhood advocates and students.

**The Exhibitor Package: (LIMITED AVAILABILITY SO ACT NOW!)**

- Exclusive exhibit area suitable for your exhibit or display;
- Two (2) exhibitor registrations with name badges;
- Breakfast & Lunch served in the exhibit area (Free to exhibitors, maximum of two);

(NOTE: SET-UP ON FRIDAY MARCH 23<sup>RD</sup>, 12:30PM-3:00 PM, TEAR DOWN SATURDAY MARCH 24<sup>TH</sup> AFTER 2:00 PM)

**Benefits to Exhibiting With NJCCA:**

- Special events offered to encourage attendees to visit your booth and learn the benefits of your company;
- Free publicity, a listing in conference program both online and hard copy;
- Meet face-to-face with a targeted audience for your products and services; and
- Opportunities to network with existing clients and establish new relationships with prospective clients.

**SPONSORSHIPS ARE AVAILABLE: CONTACT NJCCA @ 201-592-6695 FOR MORE INFORMATION**

**COUNT ME IN... (Please check one)**

\_\_\_ NJCCA Business Partner ONLY... \$325.00    \_\_\_ Non-Member ... \$425.00    \_\_\_ Non-profit group or presenter... \$200.00

**NOTICE--Please sign the exhibitor contract if paying by either check or credit card.** No refund if booth is cancelled after Feb. 3, 2019. Booth must be cancelled in writing, no phone calls accepted. Additional admission for booth representatives available for \$75.00 per person. No refunds due to inclement weather or acts of God. Administrative fees will apply for booth cancellations and returned checks.

<b>CONTRACT FOR EXHIBIT SPACE &amp; PAYMENT INFORMATION</b>				
<i>Enclosed is a check for (Payable to: NJCCA) \$ _____</i>			<i>MAIL YOUR CHECK WITH YOUR CONTRACT (DO NOT EMAIL)</i>	
<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard/ VISA	CVV Code : _____ (3 or 4 Digits on Back/Front)	Exp. Date: (Month/Year) ____/____	Credit Card Number : _____  Credit cards only after Feb 15, 2019
Person's Name on Credit Card:			Company:	
Address Associated with Credit Card:			Street (if different):	
City/State/ZIP:			City/State/Zip (if different):	
Telephone:			Booth Rep(s) (Two Maximum):	
E-mail:			Signature:	
<b>MAIL YOUR COMPLETED EXHIBITOR FORM, ALONG WITH PAYMENT TO:</b>				
NJCCA • 223 14 <sup>th</sup> Street • Palisades Park, NJ 07650 • Email: <a href="mailto:Admin@NJ-CCA.org">Admin@NJ-CCA.org</a> Fax (201) 643-3003				

**Do you need electrical?    \_\_\_ Yes    -or-    \_\_\_ No    (Please check one!)**