



**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 23RD, 12:30PM-3:00 PM, TEAR DOWN SATURDAY MARCH 24TH 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.

CONTRACT FOR EXHIBIT SPACE & PAYMENT INFORMATION				
Enclosed is a check for (Payable to: NJCCA) \$ _____			MAIL YOUR CHECK WITH YOUR CONTRACT (DO NOT EMAIL)	
<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: _____	
MAIL YOUR COMPLETED EXHIBITOR FORM, ALONG WITH PAYMENT TO:				
NJCCA • 223 14 th Street • Palisades Park, NJ 07650 • Email: Admin@NJ-CCA.org Fax (201) 643-3003				

Do you need electrical? ___ Yes -or- ___ No (Please check one!)