

## 49<sup>th</sup> Annual INEOA Training Conference Vendor/Exhibitor Information

### Conference site – Holiday Inn International Drive Resort

6515 International Drive  
Orlando, Florida 32819  
407-248-2183  
www.hi-idrive.com

### Dates for vendor/exhibitor set up: 4-8 Aug 2008

### \*\*\*Application and Contract for Vendor/Exhibitor Space\*\*\*

#### Acceptance of this application will constitute a contract to exhibit as follows:

Exhibit Space: 10'x8' at \$500.00 – includes 6' table, 2 chairs, and electrical power.  
(Additional services available and must be arranged directly with hotel.)

\_\_\_\_\_ \$500.00 Check Attached

\_\_\_\_\_ Please charge my credit card \$500.00

Charge to: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express

Cardholder's Name (Print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Billing Address:

Number and Street: \_\_\_\_\_

City/Town, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Vendor/Exhibitor Information:**

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Point of Contact: Name/Position: \_\_\_\_\_

Phone/E-mail of Contact: \_\_\_\_\_

Submitted and Authorized by: Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please forward a signed copy of this agreement consisting of (2) pages to the INEOA.

**Please make checks payable to INEOA and mail with application to:**

**International Narcotic Enforcement Officers Association**

**112 State Street, Suite 1200**

**Albany, New York 12207-2079**

**Phone 518-463-6232**

**www.ineoa.org**

**Thank You for Participating!**

Application and payment acknowledged and accepted: Date: \_\_\_\_\_

Signature of INEOA representative: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_