



## Small Business Albany Showcase & Job Fair Exhibitor Registration Form

Event Date: Wednesday October 1, 2014 Open to the public 8:00 am - 5:00 pm (free admission)  
 Holiday Inn Express & Conference Center, 400 Old Loudon Road (Rt 9) Latham NY 12110

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/ State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<input type="checkbox"/>	<b>Exhibitor / Recruiter Table</b> Draped Table w/2 chairs Gazebo or Atrium Banquet Room	<b>\$275</b>
<input type="checkbox"/>	<b>Patio Exhibitor Table</b> Draped Table w/2 chairs Located on Patio (outside)	<b>\$200</b>
<input type="checkbox"/>	<b>Not for Profit Patio Table</b> Proof of eligibility required	<b>\$100</b>
<input type="checkbox"/>	<b>Display Space 10x20 on Patio (no table)</b>	<b>\$150</b>
<input type="checkbox"/>	<b>Display Space 20x20 on Lawn (no table)</b>	<b>\$150</b>
<input type="checkbox"/>	<u><b>Auditorium Seminar Session</b></u> Subject to approval for 45 Minute Session	<b>\$250</b>
<input type="checkbox"/>	<u><b>Conference Room Seminar Session</b></u> Subject to approval for 45 Minute Sessions Preference: Exec Conf Room Conf Room C Conf Room D	<b>\$200</b>
<input type="checkbox"/>	<b>Political Tables Available at Rate Card Only</b> Outside 10x10 Space with Table/2 chairs	<b>\$500</b>
<input type="checkbox"/>	<b>Copy of Attendance List (includes email)</b>	<b>\$100</b>
	<b>Total:</b>	

All exhibitors are asked to donate a door prize (\$10 minimum value).  
 All exhibitors inside will have power, wifi and access to space from 6:00am day of show.  
 The hotel will be serving a buffet lunch, tickets are \$10. No need for advance purchase.

Full payment must accompany contract. Cancellation of the booth space must be received in writing no later than July 1, 2014. Booth fees will not be refunded after July 1, 2014. This application will become a binding contract upon acceptance by the above listed parties and is subject to the conditions which are included in this application and contract.

Name \_\_\_\_\_ Credit card # \_\_\_\_\_

Billing Address: \_\_\_\_\_ Type of card: Amex MasterCard Visa

City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Fax to: 718.732.2363 or scan/email to: info@smallbusinessalbany.com Call with questions: Darcy (518) 366-1707  
 To Snail-Mail registration with check: SBAS Darcy Knapp, PO Box 368, Altamont, NY 12009-0368