



**The 4th Biennial National Council of Hispano Deaf and
 Hard of Hearing Conference**
Hosted by
New Mexico Hispanic Council of the Deaf and Hard of Hearing
October 16 – 18, 2014

EXHIBIT FORM

Company name: _____

Contact name: _____

Address: _____ **City:** _____ **Zip Code:** _____

Email: _____ **Telephone or Videophone #: ()** _____

Name Badges (limit 2 per table): _____ **&** _____

Exhibitor Type	Booth Fee	Electricity
Art & Craft/Non-Profit	\$100	\$25 Yes / No
Federal/State Agency	\$250	\$25 Yes / No
Commercial/Profit	\$350	\$25 Yes / No

Total Payment: \$ _____

- *NCHDHH and Albuquerque Marriott reserves the right to accept, deny, regulate, set policies and ask any Exhibitors to leave the premise if they do not follow procedures and policies of NCHDHH and the Hotel.*
- *NCHDHH and the Albuquerque Marriott and all of their representatives shall not be held liable for any damage, loss, harm, or injury to the person or property of the Exhibitor and any of its representatives.*

Exhibitor Signature: _____ **Date:** _____

Reservation & Payment must be received before or by *September 1, 2014.*

Please mail Reservation Form to NCHDHH at PO Box 90927, Washington, DC 20090.
 Personal/Business Check can be made payable to **NCHDHH Conference Funds 2014.**

Please contact Sam Martinez, Jr if you have any questions at booths@nchdhh.org.

NCHDHH
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