

**New England Narcotics Enforcements Officers Association 50th Annual Conference
2020 Vendor Registration Form**

Newport Marriott Hotel 25 America's Cup Ave, Newport, RI 02840 Conference: May 20 – 22, 2020

Company Name		Description of Products & Services
Contact Person(s)		Title(s)
Address		Suite/Floor
City	State	Zip
Phone (with area code)	Fax (with area code)	Email

Vendor Exhibit Package: The vendor exhibit will be located in the Vendor room directly off the training area. All breaks will be held in vendor room. Space is limited to 30 vendors' and demand as always is expected to exceed capacity, so early registration is strongly encouraged. Registration Fee's are nonrefundable. Room rate is \$179.00, reservations are the vendor's responsibility. Vendors have option to display at cocktail reception on May 21st from 5:30pm –7pm.

Exhibit package includes: 6' table, 2 chairs and table linen with skirting. Link from our web site to yours until 1/1/20. All breakfasts, Lunches and the Clam Bake Dinner for one person. \$1000.00 Prior to April 9, 2020, \$1500.00 after April 10, 2020. \$1800.00 Vendor information packet placed in folder of all attendees, (information supplied by Vendor) Web Link, Name published on thank you sponsor form. \$4000.00 for a ½ hour speaking spot. \$200 Additional person this will include all breakfasts, lunch and Clam Bake Dinner (Award dinner not included in any vendor package). 2019 returning vendors who register before December 1, 2019 will receive a 25% registration discount. New vendors who register before December 1, 2019 will receive a 10% registration discount.

Award dinner \$100.00____: Clambake \$100.00____: Additional person \$200.00____:

Please indicate any need for the following: Electricity (VENDOR IS RESPONSIBLE FOR SUPPLYING OWN EXTENTION CORDS AND POWER STRIP AND ACCESS TO THE HOTEL INTERNET CONNECTION).

Please indicate if your company expects to donate an item(s) for raffle: _____ Yes _____ No

Payment by credit card. Please email registration form to New England Narcotic Enforcement Officers email to neneoa@verizon.net

Name _____
Address _____ City _____ State _____ Zip _____

Card Type (please circle one) MC VISA AMX DISCOVER

Card# _____ Security Code _____ Expiration Date _____
Total Charge \$ _____