## COUNCIL ON COMPULSIVE GAMBLING OF NEW JERSEY, INC. 34th ANNUAL STATEWIDE CONFERENCE ON COMPULSIVE GAMBLING SEPTEMBER 16, 2016

## **EXHIBIT SPACE APPLICATION AND CONTRACT**

Name of Organization:		
Address:		
City:	State:	Zip:
Person Responsible for Exhibit:_		
Address (If different than above)	D:	
City:	State:	Zip:
Telephone:()	Fax:()	E-mail Address:
<b>EXHIBIT SPACE</b> : Includes ex space per organization please. T	1	on. Exhibit spaces are approximately 10' X 6'. One exhibit
LITERATURE TABLE: The brochure/informational paper.		our organization's brochure can be placed for \$50.00 per
PAY	MENT ENCLOSED \$	STATE VOUCHER \$
Is Electric Outlet Needed:	YesNo	
1 .	application. If paying by credit card, indicate	<b>OF NEW JERSEY, INC. (CCGNJ, INC.)</b> . Payment or cate such on this application and call Alice Ostapiuk at 609-
hotel or while the exhibit is in the the eligibility of all exhibit space	e hotel. The exhibitor assumes all liability e applicants and individual products and search of the Conference, or are otherwise no	ability for damage to exhibits, either in transit to or from the y for the exhibit. The Council reserves the right to determine ervices to be exhibited. Exhibits, which are determined to be pisy, in bad taste, or conflict with the orderly management of
Signature of Applicant	Title/Position	Date

ALL EXHIBIT APPLICATIONS MUST BE RECEIVED BY SEPTEMBER 5, 2016

Mail application and payment to:

Mail application and payment to: CCGNJ, Inc. 3635 Quakerbridge Rd., Suite 7 Hamilton, NJ 08619 Attn: Alice Ostapiuk

Exhibits may be set up anytime after 6:00 a.m. on Friday, September 16, 2016. Setup before this time is prohibited.