

**2010 Advanced Insurance Fraud Seminar  
Exhibitor Booth Registration Form**

**A. Registration Information**

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Company or Organization Name (Please provide complete company name)

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Company Mailing Address

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City

State

Zip

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Telephone

Fax

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E-Mail Address

Do you need electric?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

*(If you need electric, internet, phone line, or powerstrips, please fill  
out the Exhibitor Request Form and CC Authorization Form  
and fax it back to Megan Samuel at 859-288-6265)*

**B. Booth Personnel (2 per booth)**

Indicate who will be attending the booth.

**Sauteed Chicken with Marsala Sauce  
Pork Loin with Apple Chutney Sauce**

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Name (as it will appear on badge)

Dinner Choice: \_\_\_\_\_

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Name (as it will appear on badge)

Dinner Choice: \_\_\_\_\_

**C. Seminar Program Information**

Please e-mail ([nspii@columbus.rr.com](mailto:nspii@columbus.rr.com)) a paragraph about your company which will be included in our Seminar Program. It should also include a contact name, company, address, phone number, and e-mail address. If you are a prior exhibitor, and want to use your paragraph and same contact information from last year, please advise.

**D. Exhibitor Power Point**

Please e-mail ([nspii@columbus.rr.com](mailto:nspii@columbus.rr.com)) your company logo as well as other appropriate company pictures in jpeg format for the Exhibitor Power Point presentation (around 4-5 pictures).

**E. Payment** (\$600.00 per booth and one booth personnel; One additional booth personnel - \$120.00)

Enclosed is Check # \_\_\_\_\_ payable to NSPII. Mail payment to NSPII, P.O. Box 88, Delaware, OH 43015. **TOTAL AMOUNT:** \_\_\_\_\_

Charge to following credit card:  MasterCard  Visa (Fax back to 740-369-7155)

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

CVV/CVC (3 digit # on back of card): \_\_\_\_\_

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

**WAIVER, RELEASE AND INDEMNITY AGREEMENT**

Exhibitor shall be fully responsible to pay for any and all damages to property owned by the Griffin Gate Marriott Resort and Spa (“Griffin Gate”), its owners or managers, which results from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify, and hold harmless Griffin Gate and the National Society of Professional Insurance Investigators (“NSPII”), its owners, managers, officers or directors, agents, employees, subsidiaries, and affiliates, from any damages or charges resulting from Exhibitor’s use of property notwithstanding any act, omission, negligence, or fault of Griffin Gate and/or NSPII. Exhibitor’s liability shall include all losses, costs, damages, or expenses arising from or out of any accident or bodily injury or other occurrences to any person or property, including the Exhibitor and its property, its agents, employees, and business invitees, which arise from or out of the Exhibitor’s occupancy and use of the exhibition premises, the hotel, or any part thereof.

All exhibitors are required to carry their own liability insurance coverage for any loss, damage or injury to themselves or others. By signing this agreement, Exhibitor hereby states such liability insurance is and will remain in place, and Exhibitor hereby agrees to indemnify, defend and hold harmless NSPII from any and all claims of any type or nature arising from any act or claim from exhibitors participation in this program.

Exhibitor’s Name: \_\_\_\_\_

Exhibitor’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Exhibitor Request Form

Name of Event: \_\_\_\_\_

Dates Needed: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Extra Items	Price Per Day
Powerstrip	\$15.00
Extension Cord	\$15.00
Internet	\$30.00 per connection
Additional 6' x 30" Skirted Table	\$25.00
DID Phone Line	\$50.00

\* All prices per day and do not include 24% Service Charge and 6% State Tax

### Special Notice!!

- All electrical apparatus and splices must be installed in a metal enclosure to prevent emission of sparks.
- All metal raceways, metal lighting fixtures, metal housings of electrically powered equipment shall be grounded
- Flexible cords and cables less than No. 14 gauge wire shall not be permitted.
- The use of lamp cord, cube taps or similar devices are not permitted

Company \_\_\_\_\_

Person to Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Authorized by \_\_\_\_\_

Print Name & Title

Company

Date

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Signature

**Cardholder Information – ATTN: Megan Samuel**

Name as it appears on the credit card: \_\_\_\_\_

Card type:     Visa     MC     Amex     Diners/CB     Discover     JCB

Account type:     Individual (personal credit card)

Corporate | Company Name: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Address: \_\_\_\_\_  
(where statement is mailed)

City, State and Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

**Event Information**

Event name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Event date: \_\_\_\_\_

**Event Charges**

Room rental:	Food and Beverage:	Audio Visual:	Other (specify):		Total daily rate:*	Number of nights:
Taxes:						

\*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

I certify that all information is complete and accurate. I hereby authorize the Griffin Gate Marriott Resort to collect payment for all charges as indicated in the Event Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed \_\_\_\_\_ for the entire event. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_