

# Massachusetts School Counselor Association Conference (MASCA)

Framingham, Massachusetts • April 6-8, 2025

## EXHIBITOR APPLICATION (PLEASE PRINT)

Application for exhibit space at the 2025 MASCA Conference indicates the applicant's willingness to abide by exhibit terms and general regulations, as Management deems necessary to the success of the exhibition, as long as this does not materially alter the exhibitor's contractual rights. Reference the enclosed *Conference Exhibitor Agreement*. This application will become a contract when a confirming return email is sent by an MASCA authorized representative. Full payment should accompany this application. Federal and state agencies may defer payment if a purchase order is submitted with the application.

Space Requested: Exhibit space will consist of a 6' x 30" skirted table and two chairs. Exhibitors requiring electrical, computer hook-up and phone outlets must make their own arrangements with Sheraton Framingham Hotel & Convention Center in Framingham, MA. Further information concerning this and shipping information will be sent via email with the exhibitor confirmation.

Organization Name (as it is to appear in the Conference App) \_\_\_\_\_

Website \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name for Exhibiting Correspondance \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I would like to donate an item for the Door Prize. Item: \_\_\_\_\_

Number of tables purchased _____	
<b>Table #1</b> Name of Primary Representative _____	
Phone _____	Email _____
Table #1 Name of Additional Representative (add \$100) _____	
<b>Table #2</b> Name of Primary Representative _____	
Phone _____	Email _____
Table #2 Name of Additional Representative (add \$100) _____	
<b>Table #3</b> Name of Primary Representative _____	
Phone _____	Email _____
Table #3 Name of Additional Representative (add \$100) _____	

### EXHIBITOR TABLE LOCATIONS:

(Required. See Floor Plan.) 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

Save \$50 if you register by January 31, 2025!

#### Exhibitor Tables

One Table \$500  
Two Tables \$900

Payment due by March 6, 2025

	Quantity	Amount
Exhibitor Tables		
One additional Representative per table (\$100 each)		
Less the Early Bird Discount (Good through January 31, 2025) -\$50		
<b>TOTAL DUE:</b>		

### METHOD OF PAYMENT

**CHECK**

Please make check payable to NCYI, and mail it, along with this completed application to:  
NCYI • P.O. Box 22185, Chattanooga, TN 37422-2185

**CREDIT CARD**

Visa     MasterCard     Discover     American Express

Card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing ZIP \_\_\_\_\_ Expiration \_\_\_\_\_ 3-Digit Sec. Code \_\_\_\_\_

Signature \_\_\_\_\_

Email \_\_\_\_\_

If you pay by credit card, you may either mail (see address above), fax, or scan/email your completed application to:  
FAX: 423.899.4547 / Scan/Email: [exhibitors@ncyi.org](mailto:exhibitors@ncyi.org)

**REFUND POLICY:**

See Section 12 on the "Conference Exhibitor Agreement"

Questions? Contact NCYI at 866-318-6294