Pennsylvania School Counselor Association Conference (PSCA) The Penn Stater Hotel & Convention Center • State College, PA • December 3-5, 2025 EXHIBITOR APPLICATION (PLEASE PRINT)

Application for exhibit space at the 2025 PSCA 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 PSCA 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 the Convention Center. Further information concerning this and shipping information will be sent via email with the exhibitor confirmation.

| | Number of tables purchased | | | | | |
|--|----------------------------|---|---|---|---|--------|
| Organization Name (as it is to appe | ar in the Confe | rence App) | | | | |
| - 3 | | | | Table #1 Name of Primary Representative | | |
| Website | | | | | | ABLE # |
| Street Address | | | | Phone | Email | F |
| 0.0007.100.000 | | | | Table #1 Name of Ac | dditional Representative (add \$100) | |
| City State Zip | | | | | | |
| Contact Name for Exhibiting Correspondance | | | | Table #2 Name of Primary Representative | | |
| Contact Name for Exhibiting Corres | spondance | | | Phone | Email | ABLE |
| Phone | | | | Thone | Lindii | |
| | | | | Table #2 Name of Ad | dditional Representative (add \$100) | |
| Email | | | | | | |
| I would like to donate an item fo | or the Door Priz | e. Item: | | | | |
| | | | | | | |
| REQUIRED Chr EXHIBITOR TABLE LOCATIONS | | | | | ble, you will be assigned the nearest at the order they are received and paid | for. |
| See floor plan for reference. | CHOICE 1 | CHOICE 2 | CHOICE 3 CHOICE | CE 4 CHOI | ICE 5 PLEASE CHO | JOSE |
| | | METHOD OF PAYMENT | | | | |
| Save \$50 if you registe | ust 15 2025 | □ CHECK | | | | |
| Save \$50 if you regist | ei by Aug | ust 15, 2025 | | | nd mail it, along with this | |
| Exhibitor Ta | 0 | completed application to: NCYI, P.O. Box 22185, Chattanooga, TN 37422-2185 | | | | |
| Payment due by November 3, 2025 | | | □ CREDIT CARD | | | |
| | | | □Visa □ Master | Card Disc | cover American Expres | S |
| | Quantity | Amount | | _ | | |
| Each Exhibitor Table | | | | | | |
| One Additional Representative | | | Billing ZIP | Expiration | 3-Digit Sec. Code | ! |
| Per Table (\$100 each) | | | Signature | | | |
| Less the Early Bird Discount | | | Email | | | |
| (Good through August 15, 2025 | 25) -\$50 | | If you pay by credit card, you may either mail (see address above), fax, or | | | |
| Т | | scan/email your completed application to: FAX: 423.899.4547 / Scan/Email: exhibitors@ncyi.org | | | | |

HOTEL RESERVATION INFORMATION:

REFUND POLICY:
See Section 12 on the "Conference Exhibitor Agreement"

The PSCA Conference will be headquartered at The Penn Stater Hotel & Convention Center. To make your reservations, visit the conference webpage at www.ncyionline.org/pascac.