

**Massachusetts School Counselor Association Conference (MASCA)**  
**Framingham, Massachusetts • March 15-17, 2026**  
**EXHIBITOR APPLICATION** (PLEASE PRINT)

Application for exhibit space at the 2026 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

Number of tables purchased \_\_\_\_\_

**Table #1** Name of Primary Representative

Phone

Email

Table #1 Name of Additional Representative (add \$100)

**Table #2** Name of Primary Representative

Phone

Email

Table #2 Name of Additional Representative (add \$100)

**REQUIRED  
EXHIBITOR TABLE  
LOCATIONS**

See floor plan for reference.

Choose 5 tables or range of tables where you prefer to be placed. If none of your choices are available, you will be assigned the nearest available table. Please note that tables labeled "SP" are reserved for sponsors. Tables will be assigned in the order they are received and paid for.

CHOICE 1

CHOICE 2

CHOICE 3

CHOICE 4

CHOICE 5

☐ PLEASE CHOOSE  
FOR ME.

**Save \$50 if you register by January 15, 2026!**

**Exhibitor Tables**

One Table	\$500
Two Tables	\$900

*Payment due by February 15, 2026*

	Quantity	Amount
Exhibitor Tables		
One additional Representative per table (\$100 each)		
Less the Early Bird Discount (Good through January 15, 2026) -\$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**