Massachusetts School Counselor Association Conference (MASCA)
Framingham, Massachusetts • April 5-6, 2027
EXHIBITOR APPLICATION (PLEASE PRINT)

Application for exhibit space at the 2027 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 Renaissance 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

Table #1 Name of Primary Representative

Phone Email

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

TABLE #2

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 31, 2027!

Exhibitor Tables

One Table	$500
Two Tables	$900

Payment due by March 5, 2027

	Quantity	Amount
Exhibitor Tables		
One additional Representative per table ($100 each)		
Less the Early Bird Discount (Good through January 31, 2027) -$50		
TOTAL DUE:		

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: ma-sca@ncyi.org

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

Questions? Contact NCYI at 866-318-6294