

Exhibitor Registration

A completed and signed Exhibitor Registration form indicates the exhibiting company's agreement to abide by all terms of the Exhibit Contract as well as additional rules and regulations of the Golden Nugget Atlantic City, and other rules and regulations as management deems necessary to the success of the exhibition. Please carefully review the Exhibit Contract. Registration is valid only with signature. Refer to the accompanying floor plan for available exhibit space.

Date: _____

Booth Request: Please indicate booth choices by number, in order of preference. (See accompanying floor plan.)

1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____ 5th Choice _____ 6th Choice _____

Additional placement information (i.e., competitors, etc.): _____

Advertising and Sponsorship Information: Details to be available soon with full prospectus.

Yes! I would like to enhance my presence at AROC by advertising in the AROC Program Guide. Please contact me.

Yes! I would like to discuss sponsorship opportunities at AROC. Please contact me.

Primary Contact Information: List the primary contact to whom all AROC correspondence and materials should be sent.

Company _____ Contact _____

Street _____ Title _____

City _____ State _____ ZIP _____

Telephone _____ Fax _____ E-mail _____

Secondary Contact Information (Required): List a secondary contact available in the absence of a primary contact.

Secondary contact should receive a copy of all AROC correspondence and materials.

Company _____ Contact _____

Street _____ Title _____

City _____ State _____ ZIP _____

Telephone _____ Fax _____ E-mail _____

Brief description of product/service _____

Company or product Internet address (for your hot link from our web site): _____

Company name **exactly** as it should appear on AROC signage _____

Yes, I have read and agree to the terms of the Exhibit Contract.

(Signature required for registration to be valid) _____

Payment Terms: Full payment must accompany registrations submitted after January 4, 2018. Registrations will be received until the AROC exhibit hall is sold out. References, W-9s and official letters of invitation are available upon request.

Registration Totals		Payment Method
Registration Fee \$1,950 per single exhibit space	\$ _____	<input type="checkbox"/> Check enclosed (made payable to NJAOPS) Check #: _____ In the amount of: \$ _____ <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Credit Card #: _____ Payment amount: \$ _____ Expiration Date: _____ CVV #: _____ (4 digits on front of AMEX; 3 digits on back of Visa or Mastercard) Name on Card: _____ Authorized Signature: _____ Mail or fax to: Attention: Skip Heymann AROC c/o NJAOPS • 666 Plainsboro Road, Suite 356 Plainsboro, NJ 08536 Phone: 732-940-9000 • Fax: 732-940-8899 NJAOPS' Federal Tax ID Number: 21-0716705
Options:		
Additional Badges (6 per booth included with registration; additional badges \$50 each)	\$ _____	
"Easy Load" (Move-in/move-out curb service: \$130 plus tax for 300 lbs., round trip from/to your personal vehicle.)	\$ _____	
AROC Program Guide Advertising Smartphone App (Refer to enclosed Media Kit)	\$ _____	
Sponsorships (Refer to enclosed information)	\$ _____	
Total:	\$ _____	