



Alaska Construction Career Days

Explore The Possibilities

2020 Exhibitor & Hands-On Registration

IMPORTANT! Please check the appropriate boxes and fill out all required information. Thank you for your support!

Name	
Company	
Address	
City	
State	
Zip Code	
Telephone	
Fax	
E-Mail	

Set-Up Date / Time: Set-up on Tuesday, April 21, 2020 between 9:00 a.m. 4:00 p.m.

Day of Event: April 22, 2020 Starting at 7:30 am – 3:30 pm

Break down Day of Event: Event closure 3:30pm

Type of Business: (Please check one.)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Specialty Contractor | <input type="checkbox"/> Potential Employer |
| <input type="checkbox"/> Association | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Material Supplier |
| <input type="checkbox"/> Trucking | <input type="checkbox"/> Other _____ | |

Please specify type of firm/organization

Inside Venue:

Electricity? (Circle One) Yes No **(Be sure to bring an extension cord)**

Special Set-Up Request(s): _____

Hands-On:

- Inside Outside

Electricity? (Circle One) Yes No **(Be sure to bring an extension cord)**

Description of Hands-On _____

Special Set-Up Request(s): _____

2020 Construction Career Days Exhibitor's Registration Agreement

Registration forms are due by April 10th, 2019.

Please read and sign the Exhibitors Agreement on page 2. Unsigned forms will not be accepted.

Return forms to: Aaron Nickols, Support Services Specialist (907) 269-0850

PO Box 196900, Anchorage, Alaska 99519 or Fax (907) 269-0847

Email: aaron.nickols@alaska.gov

We reserve the right to refuse service to anyone.

By submitting an Exhibitor Registration form for the **2020 Alaska Construction Career Day**, "ACCD," you and your company or organization, "Exhibitor," hereby agree to the following guidelines and policies.

1. Exhibitor shall hold ACCD Coordinators, the Event and its sponsors harmless for any loss, theft, casualty or damage to Exhibitor representatives and/or property. Exhibitor is responsible for any applicable insurance or other coverage for Exhibitor representatives and/or property.
2. Any Exhibit that is political, explicit, demeaning or otherwise controversial will not be allowed. ACCD reserves the right to refuse 'rental' to any company or organization. Should ACCD refuse your application, your application will be returned to you with written notice of the refusal.
3. No alcohol, narcotics, animals or children under the age of 12 are allowed at the ACCD event. Use of dogs as required by law for people with disabilities will be permitted.
4. Distribution of products and/or materials shall be tasteful. Interference with other exhibitors will not be tolerated. Use of sound equipment at your space is not allowed.
5. Exhibitor is responsible for the set-up of space. The set-up time indicated on your application will be the time scheduled for Exhibitor to put up exhibit unless otherwise notified.
6. Exhibitors are responsible for break down and clean-up of space. All exhibits **MUST** be removed from the grounds and the space cleaned by 4:00 pm on the day of the event. Any Exhibitor that fails to remove their exhibits and/or clean their space will be charged a cleaning fee of \$100.00.
7. You shall be responsible for staffing of your exhibit. Exhibits must be open and staffed from 8:00 am to 3:30 pm.
8. Failure to comply with any of the above guidelines may result in removal of your exhibit immediately from the EVENT, fines and/or other punishments if required by law, or any combination of the above. You shall be responsible for any collections and/or legal fees resulting from disputes of this contract.

I certify that I have read the above Exhibitor Registration Form and that the information contained in this application is true and correct to the best of my knowledge. Further, I agree that as the Primary Contact I am responsible for relaying all information to all representatives of my/our company.

_____	_____	_____
Print Name Primary Contact	Title	Date
_____	_____	
Signature of Primary Contact	Contact No.	

	Email	
_____	_____	_____
Signature of Authorized Company Representative (If other than Primary Contact)	Title	Date