



# Northern Virginia Showcase

10 am-2 pm  
Waterford at Springfield, VA ★ March 5, 2015



## Exhibitor Information

COMPANY \_\_\_\_\_

CONTACT \_\_\_\_\_ UPIC# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### EXHIBIT STAFF ATTENDING SHOW:

*Please indicate CAS or MAS designation if applicable, and email addresses in order to receive show information. Exhibitor info can be found at [www.cppa.biz](http://www.cppa.biz).*

1. \_\_\_\_\_ EMAIL \_\_\_\_\_

### LINES REPRESENTED:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**Special Requests** - Every effort will be given to meet these requests. But please be aware placement requests cannot be guaranteed.

\* I would like to be placed NEAR or NOT NEAR (circle choice) the following suppliers:

\_\_\_\_\_

\* If bringing a floor display, please indicate type and dimensions here. *Note* - You must order the proper number of tables to allow for your display. Tables are 8 feet long.

\_\_\_\_\_

\_\_\_\_\_



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## Reservation Information

Please Reserve \_\_\_\_\_ Tables (8 feet) @ \$200 each = \_\_\_\_\_ (limit three tables)

CPPA 2015 Membership (if not already paid)      \$ 95 = \_\_\_\_\_

**TOTAL DUE:**      \$ \_\_\_\_\_

## Payment Information

CHECK ENCLOSED (payable to CPPA)      VISA      MASTERCARD      AM EX

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder Name \_\_\_\_\_

**\*\* I understand that tables will be assigned according to the information completed on this form by the exhibitor. Any request for changes must be made at least two weeks prior to show date. No refunds will be given for exhibitor fees unless request is made thirty days prior to show date and table (s) can be resold.**

Signature: \_\_\_\_\_

Thank you for reserving exhibit space at the Northern Virginia Showcase. Space will be assigned on a first-come, first-served basis. Mail or fax this form to:

Jolie Porter ♦ CPPA ♦ 630 Plantation Blvd ♦ West River, MD 20778 ♦ F 877.572.8891