



North Carolina Grand Council

Brother Steven A. Reese, Grand Master
Sister Sherry Newman, Grand Worthy Matron

NC Grand Session November 25 – November 27, 2015

The Hilton – Charlotte Executive Park

5624 Westpark Drive Charlotte NC 28217

Phone: 704-527-8000 800-445-8667 Group Code: NC Council

Room Rate: \$99.00 plus tax for King & Doubles; Cut-Off Date: November 4th

EXHIBITOR'S AGREEMENT

The following terms will establish marketing privileges for all vendors:

1. Cost of lease space is \$100.00 **plus** registration (if Modern Free NC Member). Modern Free NC Members must be registered in order to market their merchandise.
2. Vendors are responsible for keeping lease space clean and rid of trash and debris at all times.
3. All vendors with a signed lease agreement shall have the right to market their merchandise during the session.
4. The allocation of lease space will be flexible and non-guaranteed. Every effort will be made to accommodate vendors.
5. Vendors who request cancellation five (5) working days prior to the event, in writing, will receive a fifty percent (50%) refund; otherwise, all advance payments shall be deemed earned by North Carolina Grand Council and shall not be refunded.
6. North Carolina Grand Council will not assume responsibility for hazardous weather conditions, restrictions of the hotel, nor lost, stolen, or damaged goods of the vendors.
7. North Carolina Grand Council will not assume responsibility for securing and storing vendor's merchandise.
8. North Carolina Grand Council reserves the right to revoke any lease agreement before or during the session.
9. Types of payment accepted: Cashier's Check, Money Order or Cash made payable to NC Grand Council.

 NAME OF EXHIBIT OR/VENDOR

 SIGNATURE OF VENDOR/EXHIBITOR

 HOME ADDRESS

 TELEPHONE # (BUS/HOME/CELL)

AMOUNT PAID: \$_____ (Payable to North Carolina Grand Council)

I, _____, hereby file the petition for lease agreement in accordance with the terms set forth in this Exhibitor's Agreement. My signature on this document certifies that I read this agreement and will abide by the terms established therein.

 Signature of Administrator

 Date

 Receipt #

 Amount Paid

***PLEASE SIGN AND RETURN THE ORIGINAL WITH YOUR REMITTANCE TO:**

NC Grand Council
PO Box 690581
Charlotte NC 28227