



North Carolina Grand Council

Brother Harry Smith, Grand Master

Sister Delhia Bost, Grand Worthy Matron, Pro-Tem

NC Grand Session November 23 – November 26, 2017

Sheraton Imperial Hotel and Convention Center

4700 Emperor Blvd, I-40 at Exit 282 (Page Road)

Durham, NC 27703

Phone: 919-941-5050 Group Code: North Carolina Grand Council

Room Rate: \$99.00 plus tax for King & Doubles; Cut-Off Date: October 23, 2017

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

Sign

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

**NC Grand Council
PO Box 3325
Manassas, Virginia 20108**