



PO Box 58220, Raleigh, NC 27658
Phone: 919-413-9544 Fax: 984-480-2002
www.ncagfairs.org

Dear Associate Member:

Attached please find the following:

2024 Exhibitor Registration Packet which includes

- * 2024 Convention Registration Form (use this form if you are not exhibiting).
- * 2024 Sponsorship Form
- * 2024 Membership Dues Renewal Form
- * 2024 Showcase Information
- * 2023 Holmes McBride Nomination Information & Form

2024 Convention Program

If you have any questions, concerning any of the enclosed materials, please give me a call or send an email.

Cordially,

Cathy Price Horton

Executive Director

2024 EXHIBITOR INFORMATION

Exhibitor set-up is Thursday, January 4, 2024 beginning at 1:00 p.m. until 5:00 p.m. All booths must be intact by 5:00 p.m. on Thursday. Trade Show opens at 5:00 p.m. for business. Breakdown of Exhibits will be 12:00 noon, Saturday, January 6, 2024.

DATES & LOCATION	EXHIBITOR PACKAGE INCLUDES
<p>January 4-6, 2024 Embassy Suites Raleigh Durham/Research Triangle 201 Harrison Oaks Blvd, Cary, NC 27513</p>	<p>All Booth Spaces are 8 x 10 & include:</p> <ul style="list-style-type: none"> ◆ Draped Exhibit Booth ◆ Sign for Company Name for booth ◆ 8' covered and skirted table ◆ (2) chairs, (1) Wastebasket <p style="color: red; text-align: center;">Does not include electrical for booth.</p>
EXHIBIT BOOTH COST	DEADLINES
<p style="text-align: center;">\$350 - 8 x10 Booth (Includes one Registration Fee, additional Registration Fees for those in Booth will be \$150 per registrant)</p> <p style="text-align: center;">\$175 Additional Booth Spaces</p>	<p>All contracts & payment for booth space must be received by December 12, 2023. Cancellations on or before that date will receive a 50% refund. No refunds after December 12, 2023. All booths must be manned throughout the Conference.</p>
REGISTER	HOTEL ACCOMODATIONS
<p>All exhibit personnel must be registered to facilitate entrance into the Exhibit Hall. Please submit a copy of the Exhibit staff registration form for each person who will help work in your booth.</p>	<p style="text-align: center;">Embassy Suites by Hilton</p> <p>For reservation call 1-800-Embassy or reserve your room via the reservation link in this email. Reservations must be received no later than Tuesday, December 15, 2023. Please mention that you are with the NC Association of Agricultural Fairs.</p>
EXECUTIVE DIRECTOR	
<p>Cathy Horton NCAOAF P.O. Box 58220 Raleigh, NC 27658 Phone: 919-413-9544 Email: cathy@seasag.com</p>	

2024 EXHIBITOR REGISTRATION

MUST BE A MEMBER OF THE NCAOAF TO EXHIBIT OR ATTEND THE CONVENTION

Upon acceptance of this completed application we understand the terms and conditions governing exhibitors. No exhibitor will be permitted to exhibit unless their account is current and paid in full (US FUNDS). **NO REFUNDS** will be made for cancellations after **December 12, 2023**.

RENTAL COST:

One 8 x 10' Booth	\$_____	350.00 (includes one Convention Registration Fee does not include Banquet ticket)
Each additional Booth	\$_____	175.00
Additional Convention Registration	\$_____	150.00 (does not include Banquet ticket)
Banquet ticket	\$_____	75.00
Total	\$_____	

This year Convention Registration includes, breakfasts, lunch, receptions and breaks, does not include Banquet.

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Name's of individuals that will be exhibiting in your booth at the Expo, must pay a convention registration fee and have name tag.

Product/service to be exhibited _____

Exact Booth Sign _____
(One line only – 32 characters including spaces and punctuation)

Method of Payment:



Check # _____

Card# _____ Expiration Date _____

Cardholder Name _____

Address of Billing Card Statement: _____

NCAOAF, PO Box 58220, Raleigh, NC 27658

Fair, Firm or Individual _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

REGISTRATION FEES FOR CONVENTION

Delegate/Spouse/Guest (Does not include banquet) \$ 250.00 per person

Banquet Fee \$ 75.00 per person

Saturday Only Attendees \$ 50.00 per person

After December 12, 2023, Registration fee will be \$255.00

Delegate/Spouse Guest Name	Reg.	Banquet	Saturday Only Attendee	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Grand Total	\$	\$	\$	\$

Method of Payment



Check # _____

Card# _____ Name of Cardholder _____

Billing Address of Card: _____

Exp. Date _____

2024 NCAOAF CONVENTION SPONSORSHIP ADS



Gold Circle \$3500

- Membership in the North Carolina Association of Agricultural Fairs
- (1) 8 x10 Exhibitor Booth
- (2) Complimentary Convention Registrations
- Reserved table for sponsor at Saturday Banquet
- Signage Recognition at Convention and on NCAOAF website



Silver Circle \$2500

- Membership in the North Carolina Association of Agricultural Fairs
- (2) Complimentary Convention Registrations
- Reserved table for sponsor at Saturday Banquet
- Signage Recognition at Convention



Bronze Circle \$1500

- Membership in the North Carolina Association of Agricultural Fairs
- Signage Recognition at Convention

Friends Circle \$1000

- (1) Complimentary Convention Registration
- Signage Recognition at Convention

Sustaining Circle \$500

- Recognition of Sponsorship

Yes, I would like to sponsor at the following level:

Please check the appropriate box

 Gold Circle \$3500
 Silver Circle \$2500

 Bronze Circle \$1500
 Friends Circle \$1000

 Sustaining Circle \$500

Fair/Company _____

Contact _____

Address _____

City _____ State _____ Zip _____

Method of Payment

Check # _____



Card# _____ Cardholder Name: _____

Billing Address of Card: _____

Exp. Date _____

**MAKE CHECKS PAYABLE TO:
 ADDRESS:**

**NCAOAF
 P.O. Box 58220, Raleigh, NC 27658**



**2024 NCAOAF Associate Membership
Renewal Application**
(NCAOAF membership dues are non-deductible)
MUST BE A MEMBER TO EXHIBIT

Name _____

Contact Person: _____

Company Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Web Site: _____

Please provide a brief description of what services your company provides to the Fair industry:

ASSOCIATE MEMBERSHIP FEES:

Carnivals \$500.00

All Others \$150.00

Method of Payment



Check # _____

Card# _____

Cardholder Name: _____

Expiration Date: _____

Address of Card: _____

**MAKE CHECKS PAYABLE TO:
ADDRESS:**

NCAOAF
P.O. Box 58220, Raleigh, NC 27658

2024 Showcase Rules & Request Form

Dear Associate Member:

The North Carolina Association of Agricultural Fairs 2024 Annual Convention is scheduled for January 4-6, 2024 at the Embassy Suites by Hilton. We would like to take this opportunity to invite all of our Associate Members to join us again this year.

As always, during the convention, there are a number of opportunities for performers to show-case their talent for all the fair members. If you are a member performer or represent performers who would like to showcase for our convention, please review and complete the information below. Please submit your showcase requests by **December 13, 2023**.

You must be an associate member or represented by an associate member who represents entertainers/performers.

RULES OF SHOWCASING

1. You or your agent **must** be a member of the North Carolina Association of Agricultural Fairs. (Membership Application enclosed).
2. If you have showcased at the NCAOAF Convention in the past two years you are not eligible to showcase in 2024.
3. Your showcase can last no longer than 15 minutes.
4. Please give a brief description of your showcase and you may also send along any video, cd's or photos.
5. This Showcase Request Form must be mailed to: Cathy Horton, NCAOAF, PO Box 58220, Raleigh, NC 27658

As soon as the convention program and showcases can be finalized, a confirmation letter with exact date and time will be sent to each artist selected by the Committee.

Associate Member of Representative(s) _____

Address of Member of Representative(s) _____

Phone # of Member of Representative(s) _____

Cell phone # of Member or Representative(s) _____

Briefly describe the Showcase you would be performing at the 2024 NCAOAF Convention if selected:

2023 Holmes McBride Informational Letter

TO: NCAOAF Members

FROM: Cathy Horton
Executive Director

Once again it is time to pick a recipient for the prestigious Holmes/McBride Humanitarian Award.

The award is given in memory of two great men who were dedicated to the fair industry and touched our lives in special ways; James Holmes, Past-President of the Association and Manager of the Durham County Fair for many years and Woodie McBride, longtime Associate Member Concessionaire and Carnival Operator. James also worked as a decorator at many of our fairs and was on the planning and set-up committee for our conventions until he passed away. Woodie was best known for his eating joints at the State Fair and great hospitality suite (still being carried on by his family) at our State Convention. Both of these men helped many newcomers with their vast knowledge of the fair industry and always had a dollar to lend someone who was down.

In honor of the service rendered, the Holmes/McBride Award is given to an individual for distinguished achievement in, or contribution to, the Fair Industry.

Two awards are given, one for a Fair Member and one for an Associate Member. He/she must be a living member, or past member, of the North Carolina Association of Agricultural Fairs who has been consistently active in the fair industry for a number of years.

If you know someone who has served the fair industry well and is deserving of this award, please send completed form no later than **December 13, 2023** to: NCAOAF, PO Box 58220, Raleigh, NC 27658.

REMEMBER, YOU CAN NOMINATE A FAIR MEMBER OR ASSOCIATE MEMBER OR BOTH BY MAKING A COPY OF ATTACHED FORM.

2023 Nomination Form
NCAOAF Holmes McBride Humanitarian Award for
Distinguished Service to the Fair Industry

Name of Nominee _____

Address _____

City _____ *State* _____ *Zip* _____

Fair Member _____

Associate Member _____

Organization Affiliation _____

Approximate Number of Years in the Fair Industry _____

Approximately 100 word supporting statement as to why the nominee should be selected as award recipient. Give personal information on place and date of birth, married or single, number of children and grandchildren and any information you think would help in making presentation if he/she is selected.

You may list and attach, to this form, any magazine or newspaper article, special citation, etc., that would support the worthiness of an award winner.

Submitted by: _____ *Fair or Company* _____

Telephone _____ *Email* _____
(Should we need additional information)

Signature _____ *Date* _____