

EXHIBITOR FORM

MARCH 29 – 31, 2022

Hilton New Orleans Riverside | New Orleans



Presented by the Delta Regional Authority

Exhibitor Only Details - \$2,000 (per table)

Organization Name (for invoicing purposes): _____

Contact Person (for invoicing purposes): _____

Email: _____

Organization Name (for marketing purposes): _____

Contact Person (for marketing purposes): _____

Job Title: _____

Email: _____

Phone: _____

Organization Address: _____

City: _____ State: _____ Zip: _____



Conditions of Payment

Payment must be received for all Delta Summit sponsorship and/or exhibitor packages prior to close of business on **Friday, March 18, 2022**.

Privacy Statement

YES I consent to company/organization details being shared with providers and/or contractors of the Delta Summit.

NO I do not consent to company/organization details being shared with providers and/or contractors of the Delta Summit.

I agree to be invoiced for a total of \$ _____ (plus any state and local taxes) for the items selected above.

Signature _____ Date: _____

Official Use Only

Date of Invoice: _____ Invoice Total: \$ _____

The exhibit hall floor plan is provided to all paid sponsors and exhibitors. Sponsors receive priority placement.

Please send this completed form via email to Sea Talantis at stalantis@dra.gov.
An invoice will be sent upon receipt of this completed form.