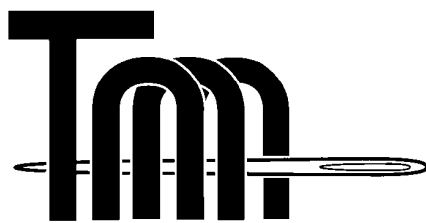


*Fall
Needlecraft Market
Exhibit Kit*

Sponsored by

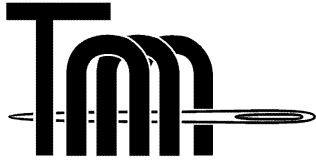


September 26-27, 2009

Embassy Suites Hotel
St. Charles, MO

Dated Material Enclosed

Please take a few moments to examine the information and forms inside.
If you are not the person responsible for setting up your exhibit,
please pass this along to appropriate staff. Thank you!



Fall Needlecraft Market
 September 26 - 27, 2009
 Embassy Suites
 St. Charles/St. Louis, MO

CHECKLIST & DEADLINE DATES

Dear Exhibitor:

We are pleased you will be joining us for the Fall Needlecraft Market, sponsored by The National NeedleArts Association (TNNA). This Exhibit Kit includes service forms and general information to help you better organize for the market.

SECTION / PAGE	DEADLINE DATE	COMPLETED
-----------------------	----------------------	------------------

Section A: FORMS

Directory Advertising Space Reservation Form (includes ad delivered to designer)	August 13, 2009	<input type="checkbox"/>
Exhibitor Badge Order Form	August 28, 2009	<input type="checkbox"/>
Reception Sponsor Form	August 28, 2009	<input type="checkbox"/>
Table Order Form	August 18, 2009	<input type="checkbox"/>
Pre-register and Post Show List.....	September 2, 2009	<input type="checkbox"/>
Prize Basket Drawing Form	August 13, 2009	<input type="checkbox"/>

Section B: GENERAL INFORMATION

General Information	Read ASAP	<input type="checkbox"/>
Directions/Parking	Read ASAP	<input type="checkbox"/>
Emergency Procedures	Read ASAP	<input type="checkbox"/>
Rules, Regulations & Conditions.....	Read ASAP	<input type="checkbox"/>

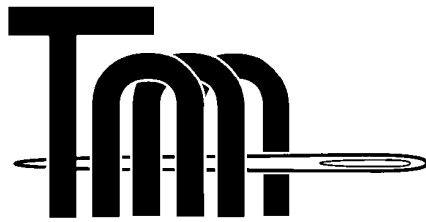
Again, welcome. If you have any questions, please call 1-800-889-8662 or 740-455-6773.

Sincerely,

Patty Parrish, Executive Director
 Risë Fulmer, Event Manager
 Melanie Denton, Administrative Coordinator
 Jane Miller, Administrative Coordinator

*Fall
Needlecraft Market
Exhibit Kit*

Sponsored by



Section A: FORMS



Directory Advertising Space Reservation Form

We hope you have taken the opportunity to advertise in the Show Directory, however if you have not reserved an ad space on your Exhibit Contract and wish to advertise in the directory, please contact Marsha at Full Circle Graphics at 740-498-5692.

**DEADLINE DATE: August 13, 2009
 FOR AD MATERIALS TO DESIGNER
 USE YOUR STAMP OR LABEL FOR
 CONVENIENCE IN FILLING OUT THIS FORM.**

Booth No(s) _____
 Company Name _____
 Address _____
 City, State, ZIP _____
 Phone () _____
 Fax () _____
 E-mail _____

Completing this form serves Management notice that you agree to be contacted by mail, phone, fax and/or e-mail.

Please indicate if requested on exhibit contract.

- | | | | |
|--------------------------|--|---------------------|-----------|
| <input type="checkbox"/> | Full page outside back cover (color) ad | 4 3/4" W x 7 3/4" L | \$ 500.00 |
| <input type="checkbox"/> | Full page inside front or back cover (color) ad | 4 3/4" W x 7 3/4" L | \$ 250.00 |
| <input type="checkbox"/> | Full page general inside placement (b/white) ad | 4 3/4" W x 7 3/4" L | \$ 150.00 |
| <input type="checkbox"/> | Half page general inside placement (b/white) ad | 4 3/4" W x 3 7/8" L | \$ 75.00 |
| <input type="checkbox"/> | Company logo with listing (b/white) | | \$ 50.00 |

 Name of Division as you want it to appear in the Alphabetical Directory - Please Print.

OFFICE USE ONLY	
Event Code: E07509	
Rcvd.	_____
Amt.	_____
Ck #	_____
Ackd.	_____

Payment: Order cannot be processed without payment. PAYMENT: Checks payable to: The National NeedleArts Association (TNNA) CREDIT CARD: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA Credit Card Account # _____ Exp. Date _____ 3-digit security code _____ Amt. charged \$ _____ Name on Card _____ Authorized Signature _____ A \$25 fee will be charged for returned checks. All payments in U.S. funds drawn on U.S. banks. Please return completed form with payment to TNNA headquarters.

PLEASE MAKE A COPY FOR YOUR RECORDS



Fall Needlecraft Market
September 26 - 27, 2009
Embassy Suites
St. Charles/St. Louis, MO

Exhibitor Badge Order Form

Exhibitor badges can be requested for you and your personnel. These badges will not be mailed to you, but are available for pick up at the Registration Desk at the market.

DEADLINE DATE: August 28, 2009
USE YOUR STAMP OR LABEL FOR CONVENIENCE IN FILLING OUT THIS FORM.

Booth No(s) _____
Company Name _____
Address _____
City, State, ZIP _____
Phone () _____
Fax () _____
E-mail _____

Completing this form serves Management notice that you agree to be contacted by mail, phone, fax and/or e-mail.

Exhibitor badges are required for all exhibitors and are nontransferable.

(PLEASE PRINT CLEARLY – FULL FIRST AND LAST NAME)

1 _____ 6 _____
2 _____ 7 _____
3 _____ 8 _____
4 _____ 9 _____
5 _____ 10 _____

**SEND TO: The Fall Needlecraft Market, 1100-H Brandywine Blvd., Zanesville, OH 43701-7303
Fax: 740-452-2552**

PLEASE MAKE A COPY FOR YOUR RECORDS

1100-H Brandywine Blvd • Zanesville OH USA 43701-7303
Phone: 740-455-6773 • 800-889-8662 • Fax: 740-452-2552
E-mail: TNNA.info@Offinger.com • Web site: www.tnna.org



Fall Needlecraft Market
 September 26 - 27, 2009
 Embassy Suites
 St. Charles/St. Louis, MO

Reception Sponsor Form

DEADLINE DATE: August 28, 2009
 USE YOUR STAMP OR LABEL FOR
 CONVENIENCE IN FILLING OUT
 THIS FORM.

Looking for an opportunity to further support the Fall Needlecraft Market and receive additional exposure? Why not be a reception sponsor? In recognition for your contribution, the level of sponsorship and your company name will be displayed on a sign at the reception Saturday night, and listed in the show directory.

Booth No.(s) _____
 Firm Name _____
 Address _____
 City, State, ZIP _____
 Phone () _____
 Fax () _____
 E-mail _____

Completing this form serves Management notice that you agree to be contacted by mail, phone, fax and/or e-mail.

Yes! My company would like to be a sponsor of the Saturday Night Reception.

I have enclosed payment of \$_____ for Sponsorship.

Or

I authorize \$_____ for Sponsorship be charged to my credit card on file.

<p>OFFICE USE ONLY Event Code: E07509</p> <p>Rcvd. _____ Amt. _____ Ck # _____ Ackd. _____</p>
--

<p>Payment: Order cannot be processed without payment. PAYMENT: Checks payable to: The National NeedleArts Association (TNNA) CREDIT CARD: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA</p> <p>Credit Card Account # _____ Exp. Date _____ 3-digit security code _____ Amt. charged \$ _____ Name on Card _____ Authorized Signature _____ A \$25 fee will be charged for returned checks. All payments in U.S. funds drawn on U.S. banks. Please return completed form with payment to TNNA headquarters.</p>

SEND TO: The Fall Needlecraft Market, 1100-H Brandywine Blvd., Zanesville, OH 43701-7303
Fax: 740-452-2552

PLEASE MAKE A COPY FOR YOUR RECORDS

1100-H Brandywine Blvd • Zanesville OH USA 43701-7303
 Phone: 740-455-6773 • 800-889-8662 • Fax: 740-452-2552
 E-mail: TNNA.info@Offinger.com • Web site: www.tnna.org



Fall Needlecraft Market
September 26 - 27, 2009
Embassy Suites
St. Charles/St. Louis, MO

Table Order Form

IMPORTANT INFORMATION

Deadlines: **AUGUST 18, 2009** TO
PREORDER TABLES WITH TABLECLOTH.

THERE WILL NOT BE TABLES AVAILABLE
TO PURCHASE ONSITE.

IF YOU NEED TABLES, THEY MUST BE
PREORDERED BY **AUGUST 18**.

DEADLINE DATE: August 18, 2009
USE YOUR STAMP OR LABEL FOR
CONVENIENCE IN FILLING OUT
THIS FORM.

Booth No.(s) _____

Firm Name _____

Address _____

City, State, ZIP _____

Phone () _____

Fax () _____

E-mail _____

Completing this form serves Management notice that you agree to be contacted
by mail, phone, fax and/or e-mail.

I would like to order _____ (qty) 6' tables with tablecloth at \$30 each. I have enclosed payment in
the amount of \$_____

OFFICE USE ONLY

Event Code: **E07509**

Rcvd. _____

Amt. _____

Ck # _____

Ackd. _____

Payment: Order cannot be processed without payment.

PAYMENT:

Checks payable to: The National NeedleArts Association (TNNA)

CREDIT CARD:

American Express Discover MasterCard VISA

Credit Card Account # _____

Exp. Date _____ 3-digit security code _____ Amt. charged \$ _____

Name on Card _____

Authorized Signature _____

A \$25 fee will be charged for returned checks. All payments in U.S. funds drawn on U.S. banks.
Please return completed form with payment to TNNA headquarters.

SEND TO: The Fall Needlecraft Market, 1100-H Brandywine Blvd., Zanesville, OH 43701-7303
Fax: 740-452-2552

PLEASE MAKE A COPY FOR YOUR RECORDS

1100-H Brandywine Blvd • Zanesville OH USA 43701-7303
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Fall Needlecraft Market
September 26 - 27, 2009
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St. Charles/St. Louis, MO

Pre-Reg List/ Post Show List Request

The Fall Needlecraft Market is offering, in Excel format, the names and addresses of those companies who have pre-registered to attend the 2009 Needlecraft Market. This provides you with the opportunity to channel your promotional mailings to those particular companies prior to the show.

Requests will be mailed three weeks before the show (September 4).

DEADLINE DATE: September 2, 2009
USE YOUR STAMP OR LABEL FOR CONVENIENCE IN FILLING OUT THIS FORM.

Booth No.(s) _____
 Firm Name _____
 Address _____
 City, State, ZIP _____
 Phone () _____
 Fax () _____
 E-mail _____

Completing this form serves Management notice that you agree to be contacted by mail, phone, fax and/or e-mail.

Please send me the following:

PRE-REGISTRATION LIST

This list contains all companies who Have pre-registered up to September 2.

E-mail Excel Format \$20.00

POST SHOW LIST

This list contains all companies who attended the show.

E-mail Excel Format N/C
 Hard Copy Report Available upon request

OFFICE USE ONLY	
Event Code: E07509	
Rcvd.	_____
Amt.	_____
Ck #	_____
Ackd.	_____

<p>Payment: Order cannot be processed without payment.</p> <p>PAYMENT:</p> <p>Checks payable to: The National NeedleArts Association (TNNA)</p> <p>CREDIT CARD:</p> <p><input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA</p> <p>Credit Card Account # _____</p> <p>Exp. Date _____ 3-digit security code _____ Amt. charged \$ _____</p> <p>Name on Card _____</p> <p>Authorized Signature _____</p> <p>A \$25 fee will be charged for returned checks. All payments in U.S. funds drawn on U.S. banks. Please return completed form with payment to TNNA headquarters.</p>
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SEND TO: The Fall Needlecraft Market, 1100-H Brandywine Blvd., Zanesville, OH 43701-7303
Fax: 740-452-2552

PLEASE MAKE A COPY FOR YOUR RECORDS

1100-H Brandywine Blvd • Zanesville OH USA 43701-7303
 Phone: 740-455-6773 • 800-889-8662 • Fax: 740-452-2552
 E-mail: TNNA.info@Offinger.com • Web site: www.tnna.org



Prize Basket Drawing for Final Show Day

NEW THIS SHOW!

Prize Basket Drawing to enrich the attendees show experience!

The winning shop **MUST** be present to win. Remember—shops staying for the drawing are still at the Market **SHOPPING!**

The basket will be displayed at the TNNA Registration Desk during show hours with a list of the Exhibiting Sponsors.

Each registered attendee is eligible as each shop—one ticket per person—free of charge!

DEADLINE DATE: August 28, 2009
USE YOUR STAMP OR LABEL FOR CONVENIENCE IN FILLING OUT THIS FORM.

Booth No.(s) _____

Firm Name _____

Address _____

City, State, ZIP _____

Phone () _____

Fax () _____

E-mail _____

Completing this form serves Management notice that you agree to be contacted by mail, phone, fax and/or e-mail.

As a bonus, each exhibiting company making a donation will be given six baskets coupons to distribute as they wish. Retailers receiving these special basket coupons are to deposit them in the Prize Basket Drawing drum at the registration desk for an additional chance to win.

HOW DOES IT WORK?

The Exhibitors donate an item to be in the Basket.

The drawing occurs on the last day of the show.

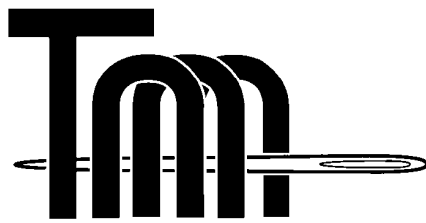
The Attendees stay for the drawing.

The drawing will be held on Sunday at the registration desk in the Atrium of the Embassy Suites Hotel at 2:00 pm. Shops can put their raffle tickets in the drawing throughout the weekend and as late as Sunday. The winning shop must be present at the time of the drawing to win! (If multiple employees are attending, only one shop employee has to be at the drawing.)

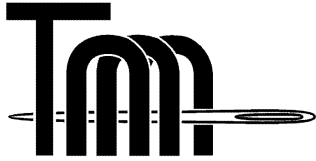
I will provide show management (TNNA) with a contribution for the Sunday Prize Basket Drawing. Exhibitors will be acknowledged in the show directory as a contributor! Exhibitors must deliver their contribution to the TNNA Registration Desk in the hotel lobby on Friday, September 25 to be included in the Basket. At that time each exhibiting company will receive six (6) basket coupons to hide in their showroom as an added bonus for shop raffle tickets.

*Fall
Needlecraft Market
Exhibit Kit*

Sponsored by



Section B: GENERAL INFORMATION



GENERAL INFORMATION

SHOW HOTEL: **Embassy Suites Hotel**
Two Convention Center Plaza
St. Charles, MO 63303
Phone: 636-946-5544
Rates \$134 Single/Double
Includes complimentary breakfast and cocktails for hotel guests.

**ADDITIONAL
HOTEL:** **The Fairfield Inn**
801 Veterans Memorial Parkway
St. Charles, MO 63303
Phone: 636-946-1900
Rates: \$94 Double/Double

EVENT HOURS:

Friday, September 25

Registration	8:00 am – 5:00 pm
Education	9:00 am – 12:00 pm
Education	2:00 pm – 5:00 pm
Early Bird Sales*	6:00 pm – 9:00 pm

*Exhibitors participation is optional

Saturday, September 26

Registration	8:00 am – 5:00 pm
Exhibits Open	9:00 am – 5:00 pm
Welcome Reception	5:30 pm – 6:30 pm

Sunday, September 27

Registration	8:00 am – 5:00 pm
Exhibits Open	9:00 am – 4:00 pm

(Schedule subject to change)

**BADGES &
SECURITY:**

Your badges will be ready for you at the TNNA Registration Desk upon your arrival. Pick them up when you arrive and wear them throughout the event. These badges are non-transferable and all participants must have a badge.



DIRECTIONS & PARKING

Local Airport

The Embassy Suites St. Charles-St. Louis hotel is conveniently located along 1-70 just seven minutes from St. Louis's Lambert International Airport.

Public transportation from the airport to The Embassy Suites St. Charles-St. Louis is available via St. Louis County Cab/St Louis Yellow Cab with a corporate flat rate for Embassy Suites St. Charles guests. The fee from the hotel to the airport is \$20.00 flat (no per person charge.) The fee from the airport to the hotel is \$22.00 flat (this includes a \$2.00 airport fee). Reach the cab company by dialing "24" from the airport courtesy boards located in baggage claim. Please mention account #9151 to receive the discounted rate. Cabs are in the area or parked and waiting just outside the airport. Cab dispatch phone number is 314-983-5300.

Driving Directions

www.embassysuitesstcharles.com

Hotel Parking

Hotel parking is complimentary for registered guests.



EMERGENCY PROCEDURES

Emergencies and disasters are unpredictable and can strike without warning. Pre-planning and preparing for effective emergency action will benefit everyone involved in our show. Failure of advance emergency preparation may result in injury or death to personnel, loss or damage of facilities, property and equipment. Everyone should make an effort to do their part in any given emergency situation. The following are only suggestions:

ACCIDENT

1. Do not move the injured or ill person. Try to make them comfortable.
2. Notify the Registration Desk/TNNA Staff at once.
3. Immediately following the situation, give a full report to Show Management.

FIRE - HOTEL

1. Once you have checked into your hotel, take time to become familiar with your surroundings. Check your room for any type of fire hazard such as unsafe electrical fixtures, etc. Check your floor for the location of fire exits, fire hoses and fire extinguishers. Keep in mind, your purpose is to be prepared, helping to eliminate panic.
2. If a fire alarm is sounded, before you leave your room, feel the room door. If it is hot, stay in your room. Place wet towels under and around your door to keep smoke from entering your room.
3. If you smell smoke in your room, get down on your hands and knees. The air there will be cooler and safer to breathe. Use a wet towel or other cloth material and place it over your nose and mouth. It will help filter out some of the smoke and carbon monoxide.
4. Never jump from your window. You have a better chance to survive the fire and smoke than you do the fall.
5. If a heavy amount of smoke gets into your room, try to open the window and lie down on the balcony ledge. If you cannot open the window or lift it out, then break the glass. NOTE: Breaking the glass should be the last resort.
6. If your room door is not hot, open it slightly and check the area for smoke. Evacuate the building by the closest fire exit. IMPORTANT: Any time you leave your room, make sure you take your room key and close the door behind you. There is the possibility you may be forced to return to your room.
7. To evacuate the building, always use the fire stairways. Never use the elevators. Once you have evacuated the building, never go back inside until the Fire Department confirms that it is safe.



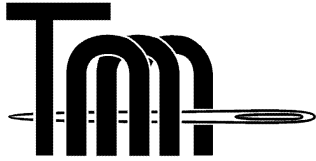
Fall Needlecraft Market
September 26 - 27, 2009
Embassy Suites
St. Charles/St. Louis, MO

SHOW RULES, REGULATIONS & CONDITIONS

- 1. ELIGIBILITY:** Show Management reserves the right to determine eligibility of any applicant for inclusion in the Show after evaluation of the applicant's account with the show.
- 2. SPACE RENTAL CHARGE:** Included in the space rental charge are: all services and equipment as stated in the space package, promotional advertising, standard listing in the official show directory (if received by deadline date), and a post-show registration listing.
- 3. PAYMENTS AND REFUNDS:** All applications for space must be accompanied by appropriate payment to be valid. Unpaid exhibitors will not be permitted to set up or move in until paid in full. If an exhibitor has to cancel his/her space due to reasonable circumstances, as determined by Management, a partial refund may be made.
- 4. SUBLETTING OF SPACE:** Exhibitors will display only merchandise regularly sold by company whose firm name is on contract. Exhibitors are prohibited from assigning, sharing, subletting a space or any part of the space to anyone else unless agreed upon with show management.
- 5. CANCELLATION OF CONTRACT:** In the event of cancellation or interruption of the show due to fire, strikes, government regulations, act of God, or any other cause beyond control, the Management shall determine an equitable basis for the refund of such portion of Entrance, Publicity, Directory, and Exhibit Fee as is possible after consideration of expenditures and commitments already made. If for any reason the location of the show is changed, no refund will be made, but Management must be able to assign exhibitor space in lieu of original space.
- 6. LIABILITY:** All property of the exhibitor is to remain under the control of the exhibitor, subject to the rules and regulations of the exposition. It is advised that exhibitors carry an insurance rider policy to cover exhibit materials and samples against loss and damage and to carry public liability insurance against injury to the person and property of others. This and also liability insurance should be discussed with your own insurance broker.

Exhibitors should use prudence in the care of their samples while in the show and not leave their merchandise unattended during show hours and, during move out, keep all merchandise within their space area and consolidate their display as much as possible to ensure, in the confused nature of move out time, that merchandise is not misplaced.

In the event that litigation is brought arising out of or in any way resulting from this Agreement or the subject matter of this Agreement, it is hereby agreed that the undersigned exhibitor shall pay all of Offinger Management Company/The National NeedleArts Association's costs and fees, including reasonable attorney's fees, incurred in such litigation upon the entry by the court in which litigation takes place of a final judgment in favor of Offinger Management Company/The National NeedleArts Association.



The parties to this agreement hereby agree that this Agreement is entered into in Zanesville, Muskingum County, Ohio, and that any disputes between the parties to this Agreement arising out of or in any way connected with this Agreement or the interpretation of the terms and conditions contained therein shall be governed by Ohio law and the jurisdiction of Ohio courts to the fullest extent permitted, and that the sole and exclusive venue for any suit or action between the parties to this Agreement arising out of or in any way related to this Agreement shall be the Muskingum County Common Pleas Court of Muskingum County, Ohio.

Any action relating to or arising out of this Agreement or the subject matter thereof must be brought within one year of the date on which the cause of action sought to be enforced accrued.

7. FIRE REGULATIONS: All fire regulations must be adhered to in accordance with Embassy Suites Hotel. All display materials, including props, decorations and all fabrics or other material used for decoration or covering of tables, risers, etc., must be flameproof and electrical equipment must meet specifications of all codes. All wiring must meet specifications of all codes. Each exhibitor is charged with the knowledge and compliance of all laws, ordinances, and regulations pertaining to health, fire prevention, and public safety while participating in the show.

8. RESERVATIONS OF RIGHTS: Management reserves the right to demand release of space before or during the show for failure of exhibitors or their representatives to conform to the rules and regulations or failure to pay all space rental costs; to re-allot space at any time; to offer requested space when available; to make space assignments, to reject any and all applications as this is a closed show and displays and products must conform to the general nature of the show and be compatible with the character and objective of the exposition. Management reserves the right without written notice to amend these rules, regulations and conditions or to issue additions as it deems necessary for the good and well-being of the show.