

**EVENT DATE/TIME**

**EVENT LOCATION**

**EVENT ADDRESS**

**Exhibitor Sign-Up Form**

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| **Organization/Business:** |
| **Address:** |
| **City:** | **State:** | **Zip:** |
| **Contact:** | **Title:** |
| **Phone:** | **Email:** |
| **Describe your booth (please indicate activities and/or demonstrations):** |
| **Promotional Items/Giveaways (please indicate what and how many you are bringing):** |
| **Number of Staff/Volunteers:** |
| **Please indicate your needs:**☐ (1) 6 ft. Table and (1) Chair ☐ Additional Chairs ☐ Electrical Outlet Needed**Please note any other requirements you may have for participation:**  |

**CONFIRMATION TERMS:**

1. **Exhibitor request form must be received DATE FOUR WEEKS PRIOR TO EVENT to confirm reservation.**
2. **Participation by invitation only and does not guarantee exclusivity of product/service.**
3. **No product sales permitted at this event.**
4. **Exhibitor is responsible to provide proper signage for table and tablecloth that will cover all materials underneath.**
5. **Set-up time begins at SET-UP TIME. Please have your booth ready for patrons by EVENT START TIME.**
6. **Exhibitors are expected to have the booth in place until the end of the event at EVENT END TIME. Early breakdown is not permitted.**

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| **Signature:** | **Date:**  |

**Please return completed form to:**

**EVENT CONTACT NAME**

**CONTACT MAILING ADDRESS**

**Phone: CONTACT PHONE – Fax: CONTACT FAX – Email: CONTACT EMAIL**