

Southern Christmas Show

November 11-22, 2015 Preview Night Nov. 10. The Park Expo and Conference Center

APPLICATION & CONTRACT FOR EXHIBIT SPACE



Company Name: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Cell Phone: _____

E-mail: _____ Web Address: _____

Did you exhibit in 2014? Yes No North Carolina Sales and Use Tax ID# _____

If yes, would you like to request the same space? Yes No (If no, please fill out the information on the back of this form.)

Size space requested: _____ sq ft Dimensions _____ ft x _____ ft Prefer Corner? Yes No

I would like to request a height variance on the exhibit regulations. (See rules and regulations at www.SouthernShows.com)

Your company listing for show program and exhibit ID sign, if different than above _____

Please list the products and/or services you wish to exhibit:

(This information must be provided – only items listed will be allowed in your exhibit. Attach additional sheet if more room is needed.)

IMPORTANT: New applicants and previous exhibitors wishing to display new product, please include photographs of products and exhibit display.

IF ACCEPTED, I AGREE TO ABIDE BY THE SHOW RULES, REGULATIONS AND POLICIES AVAILABLE AT WWW.SOUTHERNSHOWS.COM

Applicant's Signature: _____ Date: _____

EXHIBIT SPACE RESERVATIONS ARE SUBJECT TO ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT.

This space for use by Southern Shows, Inc. only -- Show #01

Deposit \$ _____ Date _____ Check # _____ Badges _____ Tickets _____

Building _____ Exhibit Space # _____ Size _____ x _____ = _____

Exhibit \$ _____ + Corners \$ _____ = Total \$ _____

Comments _____

MAKE CHECK PAYABLE TO:

SouthernShows^{nc}

PO Box 36859
Charlotte, NC 28236

810 Baxter Street
Charlotte, NC 28202

704.376.6594 • Fax 704.376.6345



Terms and General Information

EXHIBIT SPACE LEASE RATES

Categories	Basic Space Dimensions	Rate
Olde Towne Shops	Varies (300+ sq ft)	\$13.00 sq ft
Craft (All Handmade by Exhibitor)	10'x10' or 8'x12'	\$1,250
Craft Tent (All Handmade by Exhibitor)	10'x10'	\$1,250
Commercial and Food Products	10'x10' or 8'x12'	\$1,600
Corner spaces \$200.00 additional		
Commercial and Food product spaces with 300 or more sq ft receive a 5% discount.		

RETURNING EXHIBITORS:

Complete below for returning exhibitors wishing to relocate:

Relocation preferences in order
(Please specify your priorities on space assignments in order. Specific exhibit space numbers are helpful as examples but may not be possible due to other exhibitor requests to return to previous spaces).

- A. _____
- B. _____
- C. _____

Please write below any comments that would be helpful in assigning an appropriate space for you:

DEMONSTRATIONS:

Yes, I plan to demonstrate. Here is an explanation of the demonstration:

SPACE RENTAL INCLUDES:

- 8' high draped exhibit space basic background
- 3' high draped exhibit dividers
- One standard 7" x 44" exhibitor sign
- 5 exhibitor admission tickets per 100 sq ft
- Discounted exhibitor tickets
- Exhibitor ID badges
- 2 Discounted parking passes per 100 sq ft
- General exhibit hall security

PAYMENT INFORMATION:

A 50% deposit is required of all exhibitors. Returning exhibitors have until March 13, 2015 to reserve space. New applicants should not send deposit. A deposit will be requested from new exhibitors once space confirmation is made.

EXHIBITOR ID BADGES AND SHOW SPECIAL ADMISSION TICKETS:

Each exhibitor will receive ID badges to allow their staff to work their space at the show. In addition, each exhibitor will receive five show special admission tickets per 100 square feet of exhibit space. The tickets can be used for additional staff, customers, friends and family, or promotional incentives.

EXHIBITOR INFORMATION ON LINE:

The following documents are available on-line at www.SouthernShows.com

- Exhibitor Kit
- Decorator Forms
- Information for creating your exhibitor web site
- Show Program advertising information.
- Show floor plans
- Electrical Forms

**Please note: Southern Shows, Inc. does not keep credit card numbers file.*

Enclosed is my check for 50% deposit.

Please bill my credit card for _____. Visa MasterCard American Express

Name as it appears on card, including Company/Business name:

Card Number _____ Exp. Date: ____/____ 3 or 4 digit CW# _____

Billing Address: _____

City: _____ State: _____ Zip: _____

For more information contact:

SouthernShows^{INC}

PO Box 36859 • Charlotte, NC 28236 704.376.6594 • 800.849.0248 • Fax 704.376.6345

www.SouthernShows.com