MARCH 22-24 at the richmond racewaycomplex



SOUTHERN

<u>MEN</u>°S

Company Name:									
Your Name:									
Address:									
						tate:		_ Zip:	
Telephone:		Fa	ax:			Ce	Il Phone: _		
E-mail:				Web Addre	SS:				
2		Southern Shows Inc. (am and exhibit ID, if di]				
		EASE LIST THE PROL y items listed will be a							
IMPORTANT: If ne	ew applicant, includ	e photographs of proc	ducts. Wou	uld you like	photos retu	urned?	Yes 🗖 No	0□	
Rates: \$10.00 per square foot $3' \times 10' \text{ or } 9' \times 10' = $1,000$ $3' \times 20' \text{ or } 9' \times 20' = $2,000$ Exhibits 300 sq. ft. or larger = 5% discount Corner spaces \$100 extra; not to exceed \$200 Will you be demonstrating in your exhibit? Yes \square No \square Size space requested:				Enclosed is my check for 50% of above cost. (100% due after Jan. 22, 2019) Please bill my credit card for 100% of above cost. Visa MasterCard American Express A \$5 processing fee is added to credit card payments. Name as it appears on card, including Company/Business name. Card Number Exp. Date:/ 3 or 4 digit CVV#					
			В	illing Addre	ss (if differe	ent from a	above):		
Prefer corner? Ye									
		ide carpet, tables or e	electricity. F	loor coverir	ng (i.e. carp	<i>bet)</i> is req	uired for a	ll exhibit space. Please see cancellation policy.	
I would like to	request a variance (on the exhibit regulation	-	LIMITATIO	-	oplication	I. Please c	all me to discuss.	
Applica		TED, I AGREE TO ABI						DLICIES	
		ATIONS ARE SUBJE						HOW MANAGEMENT.	
	-	-	-	-			0		
Deposit \$	Date	Check #	Ba	adges	Tic	kets		Southern Shows PO Box 36859	
Building	Exh	ibit Space #	Size		×	=		Charlotte, NC 28236	
Exhibit \$	+ C	orners \$	=	Total \$					
Comments							7	04.376.6594 • Fax 704.376.6345	