

EXHIBIT SPACE APPLICATION & CONTRACT

Company Name: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Cell Phone: _____

E-mail: _____ Web Address: _____

Are you a previous exhibitor in other Southern Shows Inc. events? Yes No

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

PLEASE LIST THE PRODUCTS AND/OR SERVICES YOU WISH TO EXHIBIT:

Be specific - only items listed will be allowed in your exhibit. (Attach extra sheet if more room is needed.)

IMPORTANT: If new applicant, include photographs of products. Would you like photos returned? Yes No

Rates: \$10.00 per square foot

10' x 10' = \$1,000 • 10' x 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 No

If yes, please describe demonstration _____

Size space requested: _____

Prefer corner? Yes No

Cost of space (including corner charge): \$ _____

Enclosed is my check for 50% of above cost. (100% due after Aug. 3, 2018)

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 CWV# _____

Billing Address (if different from above): _____

Rates do not include carpet, tables or electricity. Floor covering (i.e. carpet) is required for all exhibit space. 50% deposit required with application. If your application is not accepted, your deposit will be returned. *Please see cancellation policy.

HEIGHT LIMITATIONS

I would like to request a variance on the exhibit regulations outlined on the back of this application. Please call me to discuss.

IF ACCEPTED, I AGREE TO ABIDE BY THE SHOW RULES, REGULATIONS AND POLICIES

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 #07

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

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

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

Comments _____

MAKE CHECK PAYABLE TO:

SouthernShows^{INC}

PO Box 36859
Charlotte, NC 28236

810 Baxter Street
Charlotte, NC 28202

704.376.6594 • Fax 704.376.6345