



- | | | | |
|--|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> SDC | <input type="checkbox"/> Web Site | <input type="checkbox"/> Mail List | <input type="checkbox"/> Paid |
| <input type="checkbox"/> Receipt | <input type="checkbox"/> Alpha | <input type="checkbox"/> Billing | <input type="checkbox"/> Directory |
| <input type="checkbox"/> Postcard | <input type="checkbox"/> Numeric | <input type="checkbox"/> Exhibitor Package | |
| <input type="checkbox"/> Seller's Permit # | ___ Priority Number | | |

For all inquiries contact:
Margo Cheuvront
P.O. Box 428
Colusa, CA 95932
Phone: 530-458-3190
Fax: 530-660-5250
Email: margoc@frontiernet.net
Send payment to the same address

Exhibit Contract and Booth Space Request

EXPOSITION DATE: Thursday, February 16, 2017

THIS CONTRACT AGREEMENT is made on _____, between the Nor Cal Show and _____, exhibitor.

Each 10 x 10 booth cost **\$850** member/**\$900** non-member.

Member price is for current members of CANGC/CLCA/APLD. Must supply current membership certificate with payment.

5% discount for booking 5 spaces; 10% discount for booking 6 to 8 spaces; and 30% discount for booking 9+ spaces.

Payment Schedule:

Payments are due: First half of booth payment is due August 1, 2016. Second half of booth payment is due September 1, 2016. Space reserved after September 1, 2016 requires full payment with contract. Mail payment to PO Box 428, Colusa, CA 95932.

___ Initial. **Cancellation:** Exhibit Space Cancellation will result in loss of money paid. No refunds will be given. Failure to occupy designated booth by 8 a.m. on February 16th, will result in forfeiture of booth space and priority number to show management.

___ Initial. **Seller's Permit Number** will be provided to show management with payment of booth spaces.

It is understood that the booth prices include booth space as determined above, drapery consisting of back wall and side rails and a sign identifying the firm name, and a website listing.

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

AUTHORIZED BY _____ FAX _____

WEB ADDRESS _____ EMAIL _____

Privacy Disclosure: Please Initial _____. I understand that by providing my fax number and email address and signing this form, I consent to receive faxes or emails sent by or on behalf of The Nor Cal Show (and its subsidiaries and endorsed programs).

List principal goods/services to be displayed in the Exhibitor's booth: _____

Name of the individual who is receiving all future exhibitor material from the Nor Cal Show.

NAME _____

EMAIL _____

WORK PHONE _____ CELL PHONE _____

Rules and Regulations Accompanying This Contract are Agreed to be Part of This Contract.

All exhibitor information is posted on our website www.norcaltradeshow.org.

Each 10 x 10 booth, No. _____, _____, _____, _____, for the sum of \$ _____ each equals \$ _____

Each 10 x 20 booth, No. _____, _____, _____, _____, for the sum of \$ _____ each equals \$ _____

Signature of Exhibitor _____

☐ Check payable to Nor Cal Landscape & Nursery Show for those contracts \$ _____ ☐ Credit card payment for Visa or MasterCard \$ _____

Card No. _____ Card Exp. Date _____

Cardholder's Name (print) _____ Cardholder's Signature _____