



- | | | | |
|---|--|--|------------------------------------|
| <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"/> Electronic Media | <input type="checkbox"/> Seller's Permit _____ | | |

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 14, 2019

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

Each 10 x 10 booth cost **\$900** member/**\$1,000** non-member. Premium Corners \$75/\$50 additional to base booth space pricing. *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. \$20 Additional Charge for Wire Transfers.

Payment Schedule:

Payments are due: First half of booth payment is due August 1, 2018. Second half of booth payment is due September 1, 2018. Space reserved after September 1, 2018 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 7 a.m. on February 14th, 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.

10 x 10 booth, No. _____, _____, _____, _____, 10 x 20 booth, No. _____, _____, _____, _____

Premium Corners ea. \$75/\$50 _____ x _____ = _____, 20 x 20 booth, No. _____, _____, _____, _____

Signature of Exhibitor _____

Check payable to Nor Cal Landscape & Nursery Show for those contracts \$ _____ CC payment for **Visa or MasterCard Only** \$ _____

Card No. _____ Card Exp. Date _____ CVV _____

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