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- Receipt     Alpha       Billing       Directory
- Postcard    Numeric     Exhibitor Package
- Electronic Media       Seller's Permit \_\_\_\_\_

**For All Inquires Contact:**  
**MARGO CHEUVRONT**  
 P.O. Box 428  
 Colusa, California 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 25, 2021**

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

Each 10 x 10 booth cost **\$1050** member/**\$1200** non-member. Premium Corners \$75/\$50 additional to base booth space pricing. Member price is for current members of PCA/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:**

First half of booth payment is due August 1, 2020. Second half of booth payment is due September 1, 2020. Space reserved after September 1, 2020 requires full payment with contract. Mail payment to P.O. 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 show morning, 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.norcaltradeshows.org](http://www.norcaltradeshows.org).

10x10 booth, No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, 10x20 booth, No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Premium Corners ea. \$75/\$50 \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_, 20x20 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: \_\_\_\_\_