



- SDC Web Site Mail List Paid
- 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 8, 2024

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

Each 9x10 booth cost **\$1150** member/**\$1250** non-member. 10 x10 booth cost **\$1300** member/**\$1450** non-member. 20x20 Outdoor Display (*Rain or Shine*) **\$3000**. You provide covering if needed. Premium Corners **\$75** 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, 2023. Second half of booth payment is due September 1, 2023. Space reserved after September 1, 2023 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: _____ 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.

9x10 booth No. _____, _____, _____, _____ 10x10 booth No. _____, _____, _____, _____

10x20 booth, No. _____, _____, _____, _____ 20x20 Outside No. _____, _____, _____, _____

Premium Corners ea. \$75 _____ x _____ = _____

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: _____