



Exhibitor Application & Agreement



September 21-24, 2017

P.O. Box 9, Kirklint, IN 46050

Company _____

Show Contact _____ Cell _____

Email _____ Co. Address _____

City _____ State _____ Zip _____

Co. Phone # _____ Website _____

Name as it should appear on ID sign _____

We will display, sell or advertise **ONLY** the products listed below. Products not listed must be removed from your booth.
(Attach additional sheets if necessary)

of locations requested _____ Requested space size _____ x _____ If available: corner (\$200) end cap (\$500)

Please complete this form in its entirety and return it with 1/2 payment of your booth fee to info@suburbanindyshow.com or to the address listed above. **Your payment in full is due no later than 08/02/17.** Please attach pictures of the booth display you plan to exhibit with at the show. Exhibit space and contract are subject to acceptance by show management, who reserves the right to deny exhibit space when deemed inappropriate or if that specific category has been closed.

Downpayment Amount \$ _____ (For pricing, refer to sales brochure at SuburbanIndyShows.com)

Payment Method Cash Check (made payable to Suburban Indy Shows) Credit Card

(If you are paying by credit card, note your 2nd payment will be automatically deducted on the due date of 08/02/17.)

Credit Card # _____ Code _____ Expires _____

Billing Address _____ Zip Code _____

Once your signed application/agreement is received along with the required deposit, we will contact you letting you know if your application has been approved and the placement process will begin. If accepted, you agree to abide by the show rules, regulations and conditions of this contract found at SuburbanIndyShows.com. If paying by credit card, the signature below is also an authorization to charge said card.

Signature _____ **Date** _____

| FOR OFFICE USE ONLY | | | | |
|-------------------------|------|------------------------------------|--------|------------|
| Approved Booth(s) _____ | | Accepted by _____, Show Management | | Date _____ |
| Payment Schedule | Date | Form of Pay | Amount | Balance |
| Initial Payment | | | | |
| Final Payment | | | | |