

# 2<sup>nd</sup> Annual DeKalb County Women's Show

Benefitting Freckles' Friends Pet Shelter, Inc.

March 20th, 2010, Elizabeth Chapel Baptist Church, Smithville, TN

## APPLICATION & CONTRACT FOR EXHIBIT SPACE

Company Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

PLEASE LIST THE PRODUCTS AND/OR SERVICES YOU WISH TO EXHIBIT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rates:

Standard 9' x 7' Space - \$45\*: Qty. Requested \_\_\_\_\_

9' x 7' Wall Space w/ Electric - \$50\*: Qty. Requested \_\_\_\_\_

Table Rental - \$5 each (limited quantity available on FCFS basis): Qty Requested \_\_\_\_\_

Three preferred booth spaces: First: \_\_\_\_\_ Second: \_\_\_\_\_ Third: \_\_\_\_\_

Will you be demonstrating in your exhibit space? Yes \_\_\_ No \_\_\_

If yes, please describe demonstration \_\_\_\_\_

\_\_\_\_\_

Total cost of space (including tables) - \$ \_\_\_\_\_

Make check or money order payable to: Freckles' Friends, PO Box 25, Liberty, TN 37095.

(No refunds less than 30 days prior to show.)

Silent Auction Donation (Optional): \_\_\_\_\_

\_\_\_\_\_

Value of Item Donated: \$ \_\_\_\_\_

\_\_\_\_\_

I AGREE TO ABIDE BY THE SHOW RULES, REGULATIONS AND POLICIES:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Space

Assigned: \_\_\_\_\_ (To be completed by Show staff.)