



# EXHIBITOR CONTRACT

2017 FALL SHOWCASE

Richmond, VA

September 13, 2017

- Complete the contract below and submit with payment to: VAPPA PO Box 56283 Virginia Beach, VA 23454 OR Fax to: 866.373.5791.
- You will receive a receipt of confirmation upon receipt of contract.
- **Questions?** Call Dana @ 757.491.3114 or email Dana@vappa.biz

## SECTION 1: Exhibitor Information

Contract Point Person Name \_\_\_\_\_

Email Address \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

Company Address \_\_\_\_\_

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

Company Phone \_\_\_\_\_ Website: \_\_\_\_\_

Is the show contact the same as the person listed above? \_\_\_\_ Yes \_\_\_\_ NO (If No, complete below)

Show Contact Name \_\_\_\_\_ Show Contact Email \_\_\_\_\_

Show Contact Cell Phone \_\_\_\_\_

Additional Exhibit Staff Names for Badges \_\_\_\_\_

## SECTION 2: Choose Exhibit Space

### SEPTEMBER 13, 2017: Choose Exhibit Space

\_\_\_\_ 8 x 10 booth (Limited Qty Available) \$775

\_\_\_\_ (2) 8 x 10 booths (Limited Qty Available) \$1150

\_\_\_\_ One 8' Table Space \$ 375

\_\_\_\_ Two 8' Table Spaces \$ 600

\_\_\_\_ Three 8' Tables Spaces \$ 775

\_\_\_\_ Four 8' Table Spaces \$ 975

\_\_\_\_ Five 8' Table Spaces \$1175

Please indicate the number of 8' or 6' tables you want in your reserved space below.

\_\_\_\_\_ 6-foot Tables \_\_\_\_\_ 8-foot Tables

Richmond Extras:

\_\_\_\_ Electricity \$50

\_\_\_\_ Premium placement (on end of aisle or perimeter) \$50

\_\_\_\_ Extra lunch (1 included in above costs)/ QTY of Extra Lunches \_\_\_\_\_ x \$25 Each

### SECTION 3: SPRING EXPO Sponsorship Opportunities

\_\_\_\_ Premier Sponsor \$400

- Premium Placement on show floor
- Logo on event signage and printed materials
- Right of refusal on product sponsorship,

\_\_\_\_ Product Sponsor - NC

- Preferred placement on show floor
- name on product sponsor signage
- logo on floorplans and directory

### SECTION 5: Directory Listing Information

PPAI # \_\_\_\_\_ SAGE # \_\_\_\_\_ UPIC \_\_\_\_\_ ASI# \_\_\_\_\_

Multi-Line Reps Only List Lines Here:

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### SECTION 6: Requests and Contract

Special requests here: \_\_\_\_\_

#### Terms of Contract

Sign below to agree to the exhibitor terms provided at this link. Click here to read.

Signature \_\_\_\_\_

### SECTION 7: Calculate amount due with contract

#### FALL SHOWCASE

Exhibit Cost Richmond \$ \_\_\_\_\_

Sponsorship \$ \_\_\_\_\_

#### MEMBERSHIP DUES

Required if not current \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

Contracts may be submitted without full payment. Full payment is due 1 month prior to event date.

**SECTION 8: Payment - A receipt will be email upon completion of payment**

Booths and tables will be assigned upon receipt of payment

OPTION 1: \_\_\_ Pay by check Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Circle one: enclosed or forthcoming

OPTION 2: \_\_\_\_\_ Pay by credit card

CC Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Amount \$ \_\_\_\_\_ Name on Card \_\_\_\_\_

Address on Card \_\_\_\_\_

Phone Number \_\_\_\_\_ Email for receipt \_\_\_\_\_

Signature \_\_\_\_\_

Fax or mail it with payment to:  
MAIL VAPPA- PO Box 56283 Virginia Beach, VA 23456  
FAX 866-373-5791