

# EXHIBITOR CONTRACT

43rd Annual Penn-Del I.S.A. Shade Tree Symposium

Jan. 28-29, 2008 • Lancaster Host Resort • Lancaster, PA

Company Name (your sign will read...) \_\_\_\_\_

What product will you be exhibiting? \_\_\_\_\_

Contact Person \_\_\_\_\_ (will receive confirmation and set-up information)

Address \_\_\_\_\_ email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Billing name & address if different from above \_\_\_\_\_

Space requested	INSIDE BOOTH SPACE (10' X 10')		OUTSIDE DISPLAY SPACE (20' X 30')	
	discount if pd by 12/10	full price due after 12/10	discount if pd by 12/10	full price due after 12/10
( ) 1 Booth	\$ 445.	\$ 550.	(a minimum of one inside booth is required. check at left)	
( ) 2 Booths	835.	1025.	1 ( ) \$ 210. ( 20 x 30 parking space)	\$240.
( ) 3 Booths	1210.	1475.	2 ( ) 420. ( 40 x 30 parking space)	475.
( ) 4 Booths	1570.	1900.	3 ( ) <u>630.</u> ( 60 x 30 parking space)	<u>710.</u>
( ) extra booths @\$350/\$445.	_____.	_____.		
( ) 110 v. electric hookup.	35.	40.		
( ) extra tables (see below)	20.	25.		
( ) extra booth attendants ( " )	60.	65.		
( ) damage deposit .....	<u>300.</u>	<u>300.</u>	..... Required from vendors displaying equipment indoors. Will be returned if floor is undamaged.	

Write amount(s) due here \$ \_\_\_\_\_ or \$ \_\_\_\_\_ (and) \$ \_\_\_\_\_ or \$ \_\_\_\_\_

Do you want a table? No Yes Total number of tables \_\_\_\_ (one per booth at no charge + \_\_\_\_ extra tables at \$20/25 each)

Be sure to indicate above if you want electricity in your booth and include the \$35/\$40 charge with your payment.

Comments or requests \_\_\_\_\_

Booth includes: One 6 ft draped and skirted table unless extras indicated above; 8 ft curtain backdrop; 30 inch side curtains; 2 chairs; wastebasket. One sign to read company name as listed above. Registration for 2 booth attendants per day, lunches Monday and Tuesday, Monday supper. Each booth space includes 2 attendants per day. Extra attendants may register for \$60/65. each. Please include with your payment. Your display must remain intact until closing time at 1:30 on Tuesday. If you want more than 4 booth spaces, add \$350 /\$445. for each additional booth. Booth attendants must be pre-registered. Please print booth attendants' names below.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

Do you wish to donate a door prize? No Yes Item \_\_\_\_\_

To pay by check mail contract &

check payable to Penn-Del ISA to:

**Penn-Del I.S.A**

**P.O. Box 293**

**Bedminster, PA 18910**

To pay by either \_\_\_\_\_ MasterCard or \_\_\_\_\_ VISA (check one)

Total amount due \$ \_\_\_\_\_ . Mail or Fax to: 215-795-0823.

Name of Cardholder \_\_\_\_\_

Acct. Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature \_\_\_\_\_

(please sign) \_\_\_\_\_ I have read the details and agree to the terms described in this contract.  
**PennDel office use.** Confirmation will be sent to you by Fax or mail. Call 215-795-0411 (penndelisa05@comcast.net) with questions.

Date rec'd. \_\_\_\_\_ Check # \_\_\_\_\_ Amt. Rcd. \_\_\_\_\_ Amt. Owed. \_\_\_\_\_ Booth #(s) \_\_\_\_\_ Conf. sent \_\_\_\_\_