

**NOVEMBER 9-12, 2017**  
 Overland Park Convention Center  
 KCHolidayBoutique.com

**PLEASE COMPLETE THIS AGREEMENT AND:**

FAX TO: 816-931-4782  
 OR MAIL TO: Marketplace Events  
 4050 Pennsylvania, #141  
 Kansas City, MO 64111

Sales Rep: Julianne Spargo 952-933-3850, ext. 116

1. Company Name \_\_\_\_\_ Website \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_  Yes, you may email show information to me at \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

2. **EXHIBIT SPACE**

<b>OPTION 1</b>	Booth _____
	Size _____
<b>OPTION 2</b>	Booth _____
	Size _____
<b>OPTION 3</b>	Booth _____
	Size _____

Exhibit Space Rates:	8'x10'	\$1,279.20	\$ _____
	10'x10'	\$1,329	\$ _____
	10'x20'	\$2,658	\$ _____
	20'x20'	\$4,716	\$ _____
Storage Fee (\$100 for 5'x10', \$150 for 10'x10')			\$ _____
Corner Premium (\$200)			\$ _____
Demo Fee (\$200/booth)			\$ _____
Exhibitor Listing - Required (\$79)			\$ _____
New Exhibitor Marketing Package - Required (\$100)			\$ _____
Marketing Opportunities			\$ _____
<b>TOTAL INVESTMENT</b>			\$ _____

**Is it your intent to do food sampling at the Show?**  YES  NO  
*If you check "yes" you are responsible for complying with health department & concession regulations.*

**MARKETING OPPORTUNITIES** | Logo ID in Show Guide \_\_\_\_ \$300 | Email Blast \_\_\_\_ \$500 | Web Banner Ad \_\_\_\_ \$550

3. **SOCIAL MEDIA**  \_\_\_\_\_  
 Please list your social media accounts.  \_\_\_\_\_

4. **PRODUCT DISPLAYED** We will exhibit the following products and/or services  
 (Only the products that are listed below may be exhibited and must have Show Management approval)

\_\_\_\_\_

5. **PAYMENT** DO NOT LOCATE BY: PLEASE FIND MY CHECK ENCLOSED (PAYABLE TO MARKETPLACE EVENTS) \$ \_\_\_\_\_  
 OR  
 CHARGE TO MY  VISA  MASTERCARD  DISCOVER  AMEX \$ \_\_\_\_\_

CREDIT CARD ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CARDHOLDER ZIP CODE \_\_\_\_\_

**By signing below, I authorize Marketplace Events to process all payments on the above credit card. All payments will be charged based on the payment schedule on the right.**

CARD HOLDER'S NAME \_\_\_\_\_ **PAYMENT IN FULL:**  
 SIGNATURE \_\_\_\_\_ **Due with signed contract** \_\_\_\_\_

Any change in the Exhibiting Company's mailing address, show guide information, brand names or product listings must be communicated in writing. Filming may be in progress at the event. By exhibiting in this event, you agree to allow for your image to appear in our videotaping and photography for any and all commercial purposes.

6. Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY: BOOTH NO. \_\_\_\_\_ SIZE OF BOOTH \_\_\_\_\_ CREDIT CARD BATCH NO. \_\_\_\_\_