

CIATS

EXHIBIT CONTRACT

Please Print or Type all Information

Company Information: Confirm that the company name below is exactly as you want it to appear on booth sign and/or in the Trade Show Magazine and directory. (Booth ID sign must be finalized and confirmed at least 30 days prior to show)

NAME: _____ TITLE: _____

COMPANY: _____ PRODUCTS/SERVICES: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____

EMAIL/WEBSITE: _____

AUTHORIZED SIGNATURE * _____

*All rights remain with CIATS until the Exhibitor has made payments in full and contract has been accepted in writing. By signing this contract, I herewith agree that I have read and understood the terms and conditions attached along with the Trade Show Rules and Regulation with this contract. **Registration Fees are Non Refundable.** Dates of Events are subjected to be changed for future dates.

2. Exhibit Package

10' x 40 Booth Space	\$2,300.00
10' x 30 Booth Space	\$1,750.00
10' x 20' Booth Space	\$1,250.00
8' x 20' Booth Space	\$1,050.00
10 x 10 Booth Space	\$ 595.00
8 x 10 Booth Space	\$ 495.00
Table-top Displays 8'	\$ 395.00
Table-top Display 6'	\$ 295.00

Each Booth will be furnished with flame-proof drapes with 8' high back drape and 3' side drape.

Booth will include one draped 8' table, 2 folding chairs and one wastepaper basket, Company Listing in magazine

Double Booths will include 2 tables and 4 chairs

7" x 44" overhead Company Sign,

Table-top Display— will receive a draped table with a company sign—

Prices do not include electricity

3. Booth configuration, Size and Location

Preferred Booth Configuration:

Island In-line Corner

B. Booth Size: _____

C. Booth Cost: _____

D. Preferred Booth Number _____

E. Promotional Code: _____

Special Request:

Please locate our booth near: _____

Please locate our booth away from: _____

4. Business Expo/Conference Times & Locations:

June, 25, 2016 Lakeland, FL ()

September 23-24, 2016 Ft. Lauderdale FL ()

December 15, 2016 Davie, FL ()

Venues, Dates & Prices are Subject to change

5. Payment Information (credit/debit card, money order or check)

By signing below, I authorize Christians In Action Trade Show to charge the listed credit card for exhibit space.

PAYMENT BY CREDIT CARD: Visa () MasterCard () Discover () AMOUNT: _____

ACCOUNT NUMBER: _____ EXPIRATION DATE: _____

CARDHOLDER NAME: _____

SIGNATURE: _____

CC BILLING ADDRESS: _____ ZIP CODE: _____

CVV2 # _____ (Last three (3) #s on white stripe on back of card after credit card # or four (4) #s on left front of AMEX card)

PAYMENT BY CHECK (Payable to Christians In Action Trade Show Inc.)

CHECK # _____ CHECK AMOUNT: _____ DATE: _____

APPROVED: _____ (CIA) DATE: _____

6. Return Information: Christians In Action Trade Show
P.O. Box 19406, Plantation, FL. 33318

Phone: (954)597-8420 / Fax: 954-206-0922
Website: www.christiantradeshows.com

7. HOW DID YOU HEAR ABOUT US? _____