



Company Name: as to appear in show listing): _____ Tax ID Number: _____

Contact: _____ Show Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Mobile _____

Email Address: _____ Website _____

**50% non-refundable deposit is required upon return of this application. Balance must be paid in full by 6 weeks prior to event.*

Exhibit Space Rates

Note: Booth with promotional agreement or discount do not include tables and chairs

Booth/Table Rates

___ 20 x 20 Booth \$1,500.00 ___ 10 x 20 Booth \$1,200.00 ___ 10 x 10 Booth \$700.00 ___ 6ft Table \$400.00

**Expo Time: September 13, Friday, from 10 am - 4 pm
September 14, Saturday, from 10 am - 4 pm**

Payment Information

___ Certified Check # _____ (US DOLLARS)
Make Check to: Imagen Marketing Consultants

___ Visa ___ Mastercard ___ American Express

___ Charge Full Amount ___ Charge 50%

(if signing up after due date (6 weeks before event) full amount is due.

Total: _____

Deposit: _____

Balance: _____

_____ Credit Card # (a 4% Credit Card Fee)

Exp Date: _____ CID#: _____

signature

By Signing the following Credit Card authorization you agree to allow Imagen Marketing Consultants to charge your Credit Card for unpaid balance as per payment and schedule terms of the contract. If your balance is not recieved by other means within 90 days of the event this Card will automatically be billed the remaining balance. Exhibitor has read the Regulations and Concract Terms. Exhibitor understands that this agreement shall be legally binding between Show Management and the Exhibitor. By signing the following contract, Exhibitor agrees to all Contract Terms, Sound Policies and Authorizes Credit Card Payment by Dia de la Mujer Latina.

Signature: _____ **Date:** _____

Exhibitor has read Terms & Conditions. Exhibitor understands that this agreement shall be legally binding between Show Management and the Exhibitor. Exhibitor also understands that any changes in the information in this