



Exhibitor Application and Contract

Complete Form and Fax to : 480-699-2762

Company: _____

Primary Contact: _____ Title: _____

Address: _____ City _____ State _____ ZIP _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

E-Mail: _____ Web address: _____

Please explain type of company, product or service you will be exhibiting _____

Exhibit Space:

Totals:

<input type="checkbox"/> Standard Booth	10' x 10'	<input type="checkbox"/> \$995.	\$ _____
<input type="checkbox"/> Corner Booth	10' x 10'	<input type="checkbox"/> \$1,295.	\$ _____
<input type="checkbox"/> Double Wide Booth	10' x 20'	<input type="checkbox"/> \$1,595.	\$ _____
<input type="checkbox"/> Double Wide End/Corner	10' x 20'	<input type="checkbox"/> \$2,195.	\$ _____
<input type="checkbox"/> Double Double Booth	20' x 20'	<input type="checkbox"/> \$2,995.	\$ _____

Exhibit Location Preference

Location preferences assigned on first-come, first-served basis. If your choices are unavailable, you will be placed as close as possible

1st Choice # _____
2nd Choice # _____
3rd Choice # _____

Extras:

<input type="checkbox"/> Electricity Hookup	<input type="checkbox"/> Form 2	\$ _____
<input type="checkbox"/> Internet Hookup	<input type="checkbox"/> Form 2	\$ _____
<input type="checkbox"/> Attendee Bag Insertion	<input type="checkbox"/> \$750.	\$ _____

GRAND TOTAL \$ _____

I understand that a 50% deposit is required with application to reserve exhibit space and the exhibit space MUST be paid in full 30 days prior to the event. Outstanding balances not paid in full before 30 days prior to event will be considered canceled and the deposit will be regarded as a "cancellation fee." All fees are non-refundable. Applicant MUST sign application.

Check \$ _____

Signature (required) _____ Date ____/____/____

Checks to: M&J Productions, LLC - 8343 E. Via de Belleza, Ste 1 - Scottsdale, AZ 85258 - 866-280-5934

- Credit Card
- Visa MasterCard AMEX

Card # _____ - _____ - _____ - _____ Exp. ____/____ 3-digit CVV _____

Name on card _____

Card billing address _____ City _____ State _____ ZIP _____

Signature _____ Date ____/____/____