

BUSINESS SHOWCASE

APPLICATION FOR EXHIBIT SPACE WEDNESDAY, MAY 26, 2010

Payment accepted in the form of *MasterCard, Visa, AMEX, Discover, Check or Cash*. Full payment must be received within 30 days of application or space will be released. All fees must be paid in full and a Certificate of Insurance must be provided prior to the exhibitor set up date of May 25, 2010.

CANCELLATION POLICY

All cancellation requests must be made in writing and received by 5:00 PM on Friday, April 16, 2010, or you will be charged the full booth price. A refund of 50% and return of breakdown liability check will be given to a business canceling on or before April 16, 2010. No refunds after April 16, 2010.

IMPORTANT NOTICE

FOR LIABILITY REASONS, EXHIBITORS CANNOT BREAK DOWN BEFORE 5:00 PM ON MAY 26, 2010. Failure to do so will result in a breakdown liability fee and loss of booth preference in next year's show. The Separate Breakdown Liability Fee of \$200 is required with your registration. This is not a booth deposit. See rules and regulations sheet item (d) for details.

RESERVATIONS

Fax (203) 925-4984 or mail this form to Business Showcase 2010, 900 Bridgeport Avenue, 2nd Floor Shelton, CT 06484 or by e-mail to: laura@greatervalleychamber.com

BOOTH INFORMATION

GVCC: Laura Gorman
(203) 925-4981

BRBC: Erin McDonough
(203) 335-3800

Fairfield: Linda Matthews
(203) 255-1011

Milford: Nell Moll
(203) 878-0681

Monroe: Jo-Ellen Stipak
(203) 268-6518

Westport: Lisa Thygerson
(203) 227-9234

Booths are reserved on a first come, first served basis with this completed application form. Exhibitor agrees to comply with all exhibit rules and regulations. This application, which becomes binding upon acceptance, is based on the exhibit floor plan, rates, general exhibit information and rules and regulations, all of which are included and constitute part of this application.

EXHIBITOR CONTRACT

Please print clearly – the asterisk (*) items will be printed in the Program Book.

*Company _____

Contact Name _____

*Address _____

*City/State/Zip _____

*Phone _____ Fax _____

Direct Line _____ Cell Phone _____

Federal Tax ID # _____

E-mail _____

*Web Site _____

Address Exhibit Correspondence (if different from above) to: _____

Based on the floor plan, our booth selection choice is: _____

1st choice _____ 2nd choice _____ 3rd choice _____

Companies/Industry we do not wish to be near _____

RATE INFORMATION

Dimensions	Members	Non-Members	Premium
6' x 8' (A)	\$525	\$740	+10%
8' x 8' (B)	\$715	\$900	+15%
10' x 8' (C)	\$900	\$1295	+20%

All booths include 1 draped table, 2 chairs, 7" x 44" exhibit sign.

Our company is a member of the following chamber(s). Check all that apply:

- BRBC Greater Valley Stratford
 Bridgeport Milford Trumbull
 Fairfield Monroe Westport

To receive member rate, exhibitor must be current with their membership dues. Non-members may receive the member rate by joining the Chamber of Commerce in your area. For more information, call your participating Chamber.

Booth price (see chart)	\$ _____
Premium space	\$ _____
Electricity (\$95.00 ea) (One 110 volt electrical outlet)	\$ _____
Additional Table (\$30.00 ea)	\$ _____
Additional Chairs (\$12.00 ea)	\$ _____
Single Booth Carpet (\$80.00 ea)	\$ _____
Website Link (\$50.00 ea)	\$ _____
Total Cost	\$ _____

Breakdown Liability Fee is \$200.00.
Separate Check or Credit Card Required In Advance. (This is not a booth deposit.)
 Certificate of Insurance Enclosed

I have read and understand the attached rules and regulations. For liability reasons, I understand that my booth must remain up until the show ends at 5:00 pm. Failure to do so will result in a \$200 charge and loss of booth preference in next year's show.

Authorized Signature _____ Date _____

MC VISA Amex Discover# _____ Exp. Date _____

Please make checks payable to **Business Showcase**.