CONTRACT INFORMATION

Company: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____Fax: _____ Cell: _____
Email: _____ Website _____

BILLING INFORMATION: If different from above, please notify Show Management in writing.

EXIBITOR SPACES

Number of Room(s) requested: _____

PRODUCT SESCRIPTION FOR BOOTH PLACEMENT:
_____
_____
_____

PRICING PACKAGES

COST: **ROOMS** **$525.00 EACH**

BOOTH PACKAGE: Includes Tables, Risors, Chairs, Wastebasket, Booth I.D. Sign, Directory listing.

PAYMENT SCHEDULE

Deposit: Due with contract. August 1st Full Payment due by Sept. 15th 2010
Mail payments to: 14 Woburn Abbey Drive, Bedford, N.H. 03110
Please make checks payable to New Market Souvenir & Gift Show

A cancellation fee of 50% of the total exhibitor's space fees will be applied for cancellations 60 days or more, prior to show sched. setup date. A cancellation fee of 100% of the total exhibitor's space fees will be applied for cancellations of less than 60 days prior to show. Exhibitor's space assignments cannot be made without the required payment. Exhibitor's space reservations cannot be guaranteed if payment schedule is not maintained.

Signature: _____ Date: _____

I HAVE READ THIS CONTRACT AND AGREE TO THE TERMS HEREIN

PLEASE RETURN THIS CONTRACT WITH PAYMENT TO:
NEW MARKET SOUVENIR & GIFT SHOW
14 Woburn Abbey Drive, Bedford, N.H. 03110
Phone: 603-472-3064 Fax: 603-472-8681