

GIFT (Commercial) APPLICATION and CONTRACT FOR EXHIBIT SPACE

HOLIDAY CRAFT and GIFT EXPO

WISCONSIN EXPOSITION CENTER at Wisconsin State Fair Park, Milwaukee, Wisconsin

NOVEMBER 26, 27 & 28, 2010

The Holiday Craft and Gift Expo agrees to permit exhibitor to use and occupy space designated below at the rental indicated for the purpose of display and sales at the 2010 Holiday Craft and Gift Expo to be held at Wisconsin Exposition Center at Wisconsin State Fair park, Milwaukee.

EXHIBITOR FIRM _____

Owner's Name _____

Person in charge _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____ Cell Phone _____

E-Mail _____ Website _____

Wisconsin Seller's Permit Number _____ Social Security Number _____ Ω _____

The Exhibitor agrees to confine his exhibit to the following products: _____

If you wish to add additional items to the contract, contact Director's office for approval.

*** PHOTO OF YOUR PRODUCT:** If you have not previously exhibited in the **Holiday Craft and Gift Expo**, attach a photograph or brochure of your product.

MISCELLANEOUS:

_____ I plan to hold a contest. (List prize) _____ Drawing Date _____

_____ I Plan to give away items. (List items or samples to be given away) _____

_____ I will be demonstrating my product. _____ I plan to use a microphone in my demonstration. _____ I will be playing music or video.

ELECTRICITY Electrical service is available through the Wisconsin Exposition Center. An Event Services Order Form will be sent to exhibitors upon acceptance. You may contact the facility at 414-727-8840.

SPACE SELECTION: Exhibitor makes the following choices for the show in order of preference (cost according to schedule at left). Note: If it is not possible to assign any space requested, space will be assigned at next possible location.

Exhibit Spaces	Frontage X Depth	Price
One Space	10 ft. x 10 ft.	\$350.00
Two Spaces	20 ft. x 10 ft.	\$700.00
Three Spaces	30 ft. x 10 ft.	\$1050.00
Four Spaces	40 ft. x 10 ft.	\$1400.00

Number of Spaces _____ Space Fee \$ _____

1st Choice _____ Total Cost \$ _____

2nd Choice _____ 50% Deposit \$ _____

3rd Choice _____ Balance Due _____

Previous Space _____ November 1, 2010 \$ _____

PAYMENT SHCEDULE: No space will be assigned unless check accompanies application. Payment for space shall as follows: One-half (50%) or more at the time the application is received. Balance is due on or before November 1, 2010. Applications received after November 1, 2010 shall be paid in full.

PAYMENT METHOD:- Check # _____ MO# _____ **VISA MasterCard**

Credit Card # _____ Exp. Date _____ 3- Digit Security Code _____

Name as it appears on card _____

I ACCEPT THE RULES AND REGULATIONS OF THE HOLIDAY CRAFT and GIFT EXPO.

Your Signature X _____

DO NOT WRITE IN THIS SPACE \$ _____ Date _____ Check# _____ \$ _____ Date _____ Check# _____ \$ _____ Date _____ Check# _____ Balance Due November 1, 2010 \$ _____	<table border="1"> <tr> <td>SPACE(S) ASSIGNED</td> </tr> <tr> <td style="height: 40px;"> </td> </tr> </table>	SPACE(S) ASSIGNED		ACCEPTED for Holiday Craft and Gift Expo Date _____ by _____ 4 Representative
SPACE(S) ASSIGNED				

Return this contract with your check. A signed and verified copy will be returned to you upon acceptance.

Mail to: Torbenson Shows, LLC, 2450 Decarlin Dr. Brookfield, WI 53045