

GIFT (Commercial) APPLICATION and CONTRACT FOR EXHIBIT SPACE  
**HOLIDAY CRAFT and GIFT EXPO**  
 Milwaukee County Sports Complex, 6000 West Ryan Road, Franklin WI  
**NOVEMBER 24, 25 & 26, 2017**

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 2017 Holiday Craft and Gift Expo to be held at Milwaukee County Sports Complex, 6000 West Ryan Road, Franklin WI

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 \_\_\_\_\_

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 Milwaukee County Sports Complex, 6000 West Ryan Road, Franklin WI

**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 Space	Frontage X Depth	Price
One Space	10ft. x 10ft.	\$250.00
Two Spaces	20ft. x 10ft.	\$500.00
Three Spaces	30ft. x 10ft.	\$750.00
Four Spaces	40ft. x 10ft.	\$1000.00

Number of Spaces \_\_\_\_\_ Space Fee \$ \_\_\_\_\_  
 1<sup>st</sup> Choice \_\_\_\_\_ Total Cost \$ \_\_\_\_\_  
 2nd Choice \_\_\_\_\_ 50% Deposit \$ \_\_\_\_\_  
 3rd Choice \_\_\_\_\_ Balance Due \_\_\_\_\_  
 Previous Space \_\_\_\_\_ November 1, 2016 \$ \_\_\_\_\_

**PAYMENT SCHEDULE:** 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, 2017. Applications received after November 1, 2017 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	SPACE(S) ASSIGNED	ACCEPTED for Holiday Craft and Gift Expo
\$ _____ Date _____		Date _____
\$ _____ Date _____ Check# _____		by _____
\$ _____ Date _____ Check# _____		
Balance Due November 1, 2017		4 Representative

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

**Mail to: Torbenson Shows, PO. Box 926, Menomonee Falls, WI 53052**