

GIFT (Commercial) APPLICATION and CONTRACT FOR EXHIBIT SPACE
HOLIDAY CRAFT and GIFT EXPO
 Milwaukee County Sports Complex, 6000 West Ryan Road, Franklin WI
NOVEMBER 23, 24 & 25, 2018

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 2018 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.x10ft.	\$500.00
Three Spaces	30ft. x 10ft.	\$750.00
Four Spaces	40ft.x10ft.	\$1000.00

Number of Spaces _____
 1st Choice _____
 2nd Choice _____
 3rd Choice _____
 Previous Space _____

Space Fee \$ _____
 Total Cost \$ _____
 50% Deposit \$ _____
 Balance Due
 November 1, 2018 \$ _____

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, 2018. Applications received after November 1, 2018 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	
\$ _____	Date _____		ACCEPTED for Holiday Craft and Gift Expo
\$ _____	Date _____	Check# _____	Date _____
\$ _____	Date _____	Check# _____	by _____
Balance Due November 1, 2018			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