PHONE (813) 677-9377 Mailing Address: PO Box 3359 Riverview, FL 33568



FAX (813) 677-1041 **Physical Address:** 6915 Riverview Dr. Riverview, FL 33578

2023 TRADE SHOW DATES - FEBRUARY 14 - 17, 2023 APPLICATION FOR INDOOR/COVERED SPACE AT 2023 TRADE SHOW

| DATE | | | | |
|---|---|---|--|---|
| NUMBER OF BOOTHS DESIRE | D | <u>@</u> \$950.00 | = \$ | |
| TYPE OF MERCHANDISE | | | | |
| POWER REQUIRED [] 110V_ | Amps [] 220V_ | Amps | [] 3 PHASE | Amps |
| ESTIMATED COST OF SPACE ADDITIONAL ELECTRIC SUBTOTAL SALES TAX (7.50%) TOTAL COST OF SPACE SELECTED MEMBERSHIP INSURANCE | \$ | SILVER MEM GOLD MEME PLATINUM M | | \$100.00 [] \$250.00 [] \$500.00 [] |
| INSURANCE - All exhibitor's must provide a c charges. You must provide proof that you carry membership must be listed as additional insured Show will carry the contingent liability umbrell If you do not have the required insurance, you n which category suits your needs. Everyone must | General Liability Insurance I. The certificate must include a policy. nay become additional insur | e in the amount o le the time period | f \$1,000,000.00. The l of February 10 thru | IISA and IISF and its February 21, 2023. The Trade |
| COVERED SPACE - If application is accepted Available booths will be in the main exhibit hall that is located on a corner or double end will be will be \$1150.00 each, double end booths 1312,1313,1412 and 1412 which are 10' front | ll. Minimum rent will be \$95 e charged accordingly. Insi will be \$2300.00 each. | 0.00.00 per boot de booths will be | h. Any exhibitor wis 950.00 each. Corn | hing to be in a desired location er booths and front end booths |
| ELECTRICAL AVAILABILITY - Electrical hook 220v is available at an additional charge of \$15 to 30 amps if applied for and paid for on contra per 30 amps of electric. ELECTRICAL REQUIT DOES NOT EXCEED THE 30 AMP ALLOW | 82.50. Three phase electric lot. Additional electric over IREMENTS, REGARDLES | is available and 30 amps (110v, | l will be an additiona 220v or 3 phase) will | I charge of \$275.00 per unit up be charged at a rate of \$55.00 |
| Name of Company | | | | |
| Contact Person | Phone | Fax | | |
| Email Address of the Contact Person | | | | |
| Physical Address | City | State | Zip | |
| Mailing Address | City | State | Zip | |
| Application By | Signature | | Angel Mary Constitution of the Constitution of | |
| TitleDate_ | | | | |
| NO RIGHTS HEREUNDER SHALL ACCRUE TO FOLLOW HAS BEEN ACCEPTED IN WRITING | O THE EXHIBITOR UNTIL GBY THE FOUNDATION. | PAYMENT FOR | SPACE IS MADE IN | FULL AND CONTRACT TO |
| MEMBERSHIP DUES: | | | | |
| DATERECEIPT# | AMOUNT | | | |
| DEPOSIT FOR SPACE; | | | | |
| DATERECEIPT # | AMOUNT | | | |

"SUPER TRADE SHOW & EXTRAVAGANZA"

Phone: 813-677-9377 P.O. Box 3359 Riverview, FL 33568



Fax: 813-677-1041 6915 Riverview Dr. Riverview, FL 33578

CREDIT CARD CHARGE AUTHORIZATION

WE REQUIRE ALL EXHIBITORS TO PROVIDE A CREDIT CARD AUTHORIZATION FOR ADDITIONAL LABOR OR SERVICES TO BE RENDERED. PLEASE COMPLETE THE INFORMATION REQUESTED BELOW AND RETURN THIS FORM WITH YOUR CONTRACT. THIS IS AN ADDENDUM TO YOUR CONTRACT AND MUST BE KEPT ON FILE.**

| | (PLEASE PRI NT | CLEARLY) | | |
|---|----------------------|--|--------------------------------------|--|
| COMPANY NAME: | | CONTRACT# | | |
| ADDRESS: | | | | |
| | | | ZIP: | |
| | CREDIT CARD IN | FORMATION | | |
| TYPE OF CARD: PAYMEN | ACCT#: | ΓERCARD / AMERIC | # CSC | |
| | | EXP DATE: | | |
| AUTHORIZED SIGNERS: | PRINT NAME AND TITLE | | SIGNATURE | |
| | PRINT NAME AND TITLE | | | |
| | PRINT NAME AND TITLE | American and the contract of t | SIGNATURE | |
| Cardholder acknowledges rece Cardholder's agreement with the | | s and agrees to per | form the obligators set forth in the | |
| SIGNATURE OR CARDHOLDER: | | | DATE: | |
| CARDHOLDERS BILLING A | ADDRESS: | | | |
| CITY / STATE / ZIP CODE: | | | | |
| DRIVER'S IDENTIFICATIO | | | | |

[&]quot;For your convenience, we will use this authorization to charge your credit amount for any additional amounts incurred as a result of show site orders placed by your representative or any unpaid balances not paid by the required deadlines, including, but not limited to, booth rent, furniture rental, badge order, and drayage charges. By signing this form, as agent or representative for your organization, you agree lo these terms. Please advise if you do not want this service.