

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 OUTDOOR SPACE AT 2023 TRADE SHOW**

DATE \_\_\_\_\_

OVERALL SIZE OF SPACE \_\_\_\_\_

TYPE OF MERCHANDISE \_\_\_\_\_

POWER REQUIRED (110V \_\_\_\_\_ Amps) ( 220V \_\_\_\_\_ Amps) ( 3 PHASE \_\_\_\_\_ Amps)

ESTIMATED COST OF SPACE \$ \_\_\_\_\_

ELECTRICAL BASE RATE \$ 110.00

ADDITIONAL ELECTRIC \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

SALES TAX (7.50%) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

SELECTED MEMBERSHIP \$ \_\_\_\_\_

INSURANCE \$ \_\_\_\_\_

SILVER MEMBERSHIP	\$100.00	[ ]
GOLD MEMBERSHIP	\$250.00	[ ]
PLATINUM MEMBERSHIP	\$500.00	[ ]

**INSURANCE** - All Exhibitor's must provide a certificate of insurance that must be filed in the Trade Show office with receipt of contract to avoid charges. You must provide proof that you carry General Liability Insurance in the amount of \$1,000,000.00. The IISA and IISF and its membership must be listed as additional insured. The certificate must include the time period of February 10 thru February 21, 2023. The Trade Show will carry the contingent liability umbrella policy. If you do not have the required insurance, you may become additional insured for the minimal amount of \$50.00, \$75.00 or \$100.00 based on which category suits your needs. Everyone must have insurance.

**OUTDOOR SPACE** - Outdoor space will be \$40.00 per front foot based on 10' depth. Additional depth to be calculated at 93 cents per square foot. Minimum rent will be \$800.00 per unit. Any exhibitor wishing to be in a desired location that is located on a corner lot or any lot that fronts on two aisles will be charged accordingly.

**ELECTRICAL AVAILABILITY** - Electrical hook-ups are available and a mandatory charge (Base Rate) of \$110.00 per contract will be assessed. 220V will have a Base Rate of \$182.500. Three phase electric is available and will be an additional charge of \$275.00 per unit up to 30 amps if applied for and paid for on contract. Additional electric over 30 amps (all hook-ups) will be charged at a rate of \$55.00 per 30 amps of electric.

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 \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

NO RIGHTS HEREUNDER SHALL ACCRUE TO THE EXHIBITOR UNTIL PAYMENT FOR SPACE IS MADE IN FULL AND CONTRACT TO FOLLOW HAS BEEN ACCEPTED IN WRITING BY THE FOUNDATION.

**MEMBERSHIP DUES:**

DATE \_\_\_\_\_ RECEIPT# \_\_\_\_\_ AMOUNT \_\_\_\_\_

**DEPOSIT FOR SPACE:**

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_

**"SUPER TRADE SHOW & EXTRAVAGANZA"**

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



**"SEE YA' IN GIBTOWN"**

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 PRINT CLEARLY )**

COMPANY NAME: \_\_\_\_\_ CONTRACT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CREDIT CARD INFORMATION**

TYPE OF CARD: \_\_\_\_\_ ACCT#: \_\_\_\_\_ # CSC \_\_\_\_\_  
PAYMENT OPTIONS ARE VISA / MASTERCARD / AMERICAN EXPRESS

NAME ON CARD: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

AUTHORIZED SIGNERS: \_\_\_\_\_  
PRINT NAME AND TITLE SIGNATURE

\_\_\_\_\_  
PRINT NAME AND TITLE SIGNATURE

\_\_\_\_\_  
PRINT NAME AND TITLE SIGNATURE

Cardholder acknowledges receipt of goods and/or services and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

SIGNATURE OR CARDHOLDER: \_\_\_\_\_ DATE: \_\_\_\_\_

CARDHOLDERS BILLING ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

DRIVER'S IDENTIFICATION (STATE / NUMBER) \_\_\_\_\_

\*\*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 to these terms. Please advise if you do not want this service.