

Central Coast BRIDE

**San Luis Obispo
Fabulous Fall
Bridal Show**
Oct. 17, 2010
Alex Madonna Expo Center

Contact Information
Fax or Mail Contract to:
Central Coast Bride
PO Box 4221
San Luis Obispo, CA 93403
Fax 805 / 343-9130
Phone 888 / 501-5757
Questions:
Carolayne@CentralCoastBride.com

Company Name _____
Contact Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____ Fax _____
Email * _____
Website _____
Business Type _____

Show Hours
Drop Off (optional): Sat 1 - 2:30
Set Up: Sun 8 - 11
Bride Hours: Sun 12 - 4
Complete details will be e-mailed
about 30 days prior to show date

* A valid E-mail address is very important, since all show communication is conducted via e-mail. *

Booth Fees		Check Appropriate Boxes
8 x 10 Booth (includes one 8' table & 2 chairs*)	\$495	<input type="checkbox"/>
Possible Discount (1 only, per booth):		
- ccBride SLO Magazine Advertiser, subtract	- \$ 95	<input type="checkbox"/>
	OR	
- CCWP Member, subtract	- \$ 35	<input type="checkbox"/>
Premium / Share / Stuffer Options:		
All Booths on Aisle F, add	+ \$ 90	<input type="checkbox"/>
Aisle G 10x10 Booths, add	+ \$ 50	<input type="checkbox"/>
Aisle G Corner Booths, add	+ \$ 75	<input type="checkbox"/>
Booth Share Fee, add	+ \$135	<input type="checkbox"/>
Bag Stuffers **	+ \$150	<input type="checkbox"/>
Electricity needed	no charge	<input type="checkbox"/>
# Amps needed _____		
* Please note that you must supply your own tablecloth (a tablecloth is not included with booth)		
** Registered Vendors only. Maximum stuffer size is one 8.5 x 11"		

Booth Location Preference
Magazine advertisers may note their preferred location here. See paragraph 6 on reverse side for more booth assignment details.

Payment Information
Payment Terms: In order to hold your booth, Full payment is required upon registration. At 90 days prior to show date, this contract becomes a non-cancellable contract in accordance with paragraph 10 of Terms & Conditions listed on the reverse of this page. Exhibitor is liable for the full booth price if the booth is cancelled within 90 days of show.
Returned Check Fees: Checks returned by banks unpaid are subject to a \$25.00 fee.

Check Enclosed
 Visa or Master Card (enter credit card information below)

Credit Card Number: _____
CW # _____ **Expiration Date** _____

Name on Card _____
Cardholder Signature _____
Statement Zip Code: _____ Date _____

Totals	
Booth Fee	\$ 495
Poss. Discount (1 only)	- \$ _____
Premium Fee	+ \$ _____
Share Fee	+ \$ _____
Bag Stuffer Fee	+ \$ _____
TOTAL Cost	\$ _____
(prices are per booth per show)	

FAX registration before Mailing
To ensure that your registration is received before spaces sell out, we recommend that you FAX a copy of your completed registration to 343-9130 before you give it to accounts payable for check generation (or before you put it in the mail).

Signature
I, as the exhibitor or an authorized representative for the exhibitor, have read and agree to abide by the above terms and conditions as well as those conditions set forth on the back of this contract. I understand and agree that I am responsible to pay for services rendered, including reasonable attorney's fees and cost, in the event of any dispute under the terms of this contract, including default on payment. All documents transmitted by facsimile (fax) shall be deemed legal and binding.

Print Name: _____ Date _____
Signature _____