

EXHIBIT SPACE CONTRACT



BEAUTIFUL LOCATON!

Orlando World Center Marriott
8701 World Center Drive, Orlando, Florida 32821

2019 PPAF Expo
August 28-29, 2019

EXHIBITOR INFORMATION

Company Name: _____
Tradeshow Contact Person: _____
E-mail Address: _____
Line Names: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Phone: _____ Ext. _____ Fax: _____
Your Name (if different from above): _____ E-Mail: _____

EXHIBIT SPACE AND PRICING - TWO OPTIONS

Formal floor plan and booth selection will be offered based on the timing of receipt of your registration. Choose your payment option below and select your booth location (pending availability). Please select one:

OPTION 1

- Suppliers:** \$150.00 deposit per booth payable with registration to reserve your selected booth (pending availability). Pay balance of \$740.00 per booth by **July 1, 2019**.
- Multi-Line Reps:** \$100.00 deposit per booth payable with registration to reserve your selected booth (pending availability). Pay balance of \$790.00 per booth by **July 1, 2019**.
- First Time Exhibitors:** \$690.00 per booth payable with registration

OPTION 2

<input type="checkbox"/> Payment in Full:	Booth Cost	\$890.00	# of Booths	Total
<input type="checkbox"/> 10' x 10' Booth			_____	\$ _____

Cost of booth includes: One 8' table, 2 chairs, carpet, sign, pipe and drape. Electricity is not included. (can be ordered through Exhibitor Kit)

All exhibitors must be current PPAF members. Your dues must be paid in full for 2019 in order to exhibit at PPAF EXPO - see next page to add dues. If your company is being represented by a Multi-Line Rep with an active membership, you are not required to pay separate membership dues; however, you will not receive your own listing in the directory.

Please locate me near the following companies:

1. _____ 2. _____ 3. _____

Please locate me at a distance from the following companies:

1. _____ 2. _____ 3. _____

PROMOTIONAL OPPORTUNITIES

Must be a PPAF member and exhibitor to sponsor

- | | | | | |
|---|---|---------|--|-------------------|
| <input type="checkbox"/> Tradeshow Bags | <input type="checkbox"/> Keynote Breakfast | \$1,000 | <input type="checkbox"/> Product Pavilion | \$25/ per product |
| <input type="checkbox"/> Lanyards with Bulldog Clip | <input type="checkbox"/> Golf Lunch | \$1,000 | Number of products | _____ |
| <input type="checkbox"/> Pens | <input type="checkbox"/> Golf Breakfast | \$ 500 | <input type="checkbox"/> Tradeshow Bag Inserts | \$25 ea. |
| <input type="checkbox"/> Volunteer Shirts | <input type="checkbox"/> Member Lounge | \$ 500 | <input type="checkbox"/> Other | _____ |
| | <input type="checkbox"/> Education Sessions | \$ 250 | | |

Total \$ _____

Sponsorships qualify for Premium Booth location selection.

TOTALS

- Supplier Company Member \$125
- Multi-Line Representative Supplier Member \$125
- Business Services Member \$125
- Distributor Member - select category below:
 - 1-5 Sales Associates \$100
 - 16+ Sales Associates \$150

Booth Rental \$ _____
 Promotional Opportunities \$ _____
PPAF Membership Dues \$ _____
Total Due \$ _____

PAYMENT OPTIONS

Check (make payable to PPAF):

Company Name on Check	Check Number	Check Date	Check Amount
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- Visa MasterCard American Express Discover Invoice Me

Credit Card Number	Expiration Date	CVV#
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X

Name As It Appears On The Credit Card	Credit Card Signature
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Credit Card Billing Address: _____
 Street or PO Box City ST/Province Zip Code

EXHIBITOR AGREEMENT

Your signature below indicates your acceptance of this agreement. You promise to pay all costs as provided herein in order to maintain your membership in good standing with PPAF and your opportunity to participate in our events.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Send this completed form and your payment for exhibit space to: **Jenny Taylor, Executive Director - jenny@ppaf.com**

PPAF
 2406 E. State Road 60, #2728
 Valrico, FL 33595
 Phone: 813-204-9089