

EXHIBIT SPACE CONTRACT

2021 PPAF Expo
August 26-27, 2021

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



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

All exhibitors must be current PPAF members. Your dues must be paid in full for 2021 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. If you are a multi-line representative, each booth equals one product line. We offer discounts to reps who want to exhibit more than 4 product lines.

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

Please select one:

- Suppliers:** \$10.00 per booth * **90% off of \$790.00 if paid in full by March 31, 2020.**
- Multi-line Representatives:** \$890.00 1-2 Product Lines **Early Bird Rate of \$790.00 if paid in full by March 31, 2020.**
\$650.00 3+ Product Lines
- First Time Exhibitors:** \$190.00 per booth payable with registration.

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

Terms and Conditions:

Refunds will be given until August 1, 2021 minus a service fee of \$200. After August 1, 2021, no refunds will be given. Exhibitor's table space may not be re-sold, transferred or assigned. Only the company completing the front of this form may show the products it sells to distributors in your space. You may only exhibit your products and services. You agree that Show in its sole discretion will assign you your space. You agree that PPAF in its sole discretion may change your assigned space at any time. Solicitation of employees/consultants/contractors during the PPAF EXPO hours is prohibited. Your display must be for the sole purpose of promoting Your supplier business.

INSURANCE: You are completely and solely responsible for Your table space, the materials that You ship to and from the show, and the material in your space whether shipped by Show or a Third-party. Consequently, You should have appropriate insurance. The PPAF EXPO reserves the rights to reject, eject, or prohibit any exhibit in whole or part, with or without giving cause. Show liability for rejection without giving cause shall be limited to a refund to You of the amount of fees unearned at the time of ejection. However, if You or Your exhibit is ejected for violation of these rules or any other stated reason (with cause), no return of fees will be made.

SPONSORSHIP OPPORTUNITIES

Must be a PPAF member and exhibitor to sponsor

- | | | |
|---|---|--|
| <input type="checkbox"/> Tradeshow Bags | <input type="checkbox"/> Keynote Breakfast | <input type="checkbox"/> Product Pavilion |
| <input type="checkbox"/> Lanyards with Bulldog Clip | <input type="checkbox"/> Golf Lunch | Number of products _____ |
| <input type="checkbox"/> Pens | <input type="checkbox"/> Golf Breakfast | <input type="checkbox"/> Tradeshow Bag Inserts |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Member Lounge | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Networking Party | <input type="checkbox"/> Education Sessions | |

Sponsorships qualify for Premium Booth location selection.

TOTALS

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Supplier Company Member \$150 | Booth Rental \$ _____ |
| <input type="checkbox"/> Multi-Line Representative Supplier Member \$150 | Promotional Opportunities \$ _____ |
| <input type="checkbox"/> Business Services Member \$150 | PPAF Membership Dues _____ |
| | Total Due \$ _____ |

Refund policy: Refunds will be given, minus a \$200 service fee until August, 1, 2020. After August 1, 2020 there will not be given any refunds..

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

Credit Card Billing Address: _____
Street or PO Box City ST/Province Zip Code

EXHIBITOR AGREEMENT

Your signature below indicates your acceptance of this agreement and the terms and conditions posted on ppaf.com. 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
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Valrico, FL 33595
Phone: 813-204-9089