

EXHIBIT SPACE CONTRACT



NEW LOCATION!

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

2017 PPAF Expo
August 29-30, 2017

EXHIBITOR INFORMATION

Company Name: _____
Tradeshow Contact Person: _____
E-mail Address: _____
Line Names: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Phone: _____ Ext. _____ Fax: _____

EXHIBIT SPACE AND PRICING

Formal floor plan and booth selection will be offered based on the timing of receipt of your registration.

Supplier

Multi-Line Rep

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

Cost of booth includes: One 8' table, carpet, sign, pipe and drape. Electricity is not included.

All exhibitors must be current PPAF members. Your dues must be paid in full for 2017 in order to exhibit at the PPAF EXPO. 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 to sponsor

- | | | |
|---|--|--|
| <input type="checkbox"/> Bags \$650 | <input type="checkbox"/> Notebook or Notepad \$500 | <input type="checkbox"/> Product Pavilion \$75/1 product or \$175/3 products
Number of products _____ |
| <input type="checkbox"/> Lanyards with Bulldog Clip \$650 | <input type="checkbox"/> Online Registration \$400 | <input type="checkbox"/> Custom _____ |
| <input type="checkbox"/> Pens \$500 | <input type="checkbox"/> Bag Insert \$350 | |

Sponsorships qualify for Premium Booth location selection.

Total \$ _____

TOTALS

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 _____
 Visa MasterCard American Express Discover Invoice Me

Credit Card Number _____ Expiration Date _____ CVV# _____

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. 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: **Cheryl Small, Executive Director - cheryl@ppaf.com**