

THE BEST BEAD SHOW

New York

PAGE 1 of 2

THE ALTMAN BUILDING ♦ 135 West 18th Street, NY, NY 10011 ♦ Mar. 20-22 & Oct. 16-18, 2015

PART ONE: SHARED PROMOTIONAL RESPONSIBILITY Rates have been factored with a core group of exhibitors (event originators who called in The Best Bead Show to be the promoter) based on expectancy that all exhibitors will do their part in self-promotion via mailings, e-mails, websites, social media, etc.

PART TWO: EXHIBIT FEES/LOCATIONS Below are options and rates (Tables are 6'). Within booth space gridwall, additional tables, etc can be taken in or rented (rates TBD). Within Table Displays no additional tables are permitted other than 2x2 or smaller for register, etc. As part of the low rates negotiated with the original exhibitors this agreement shall pertain to BOTH 2015 events (March & Oct). 25% deposits for both are due with contract. An additional 25% will be automatically charged on Dec. 19th, 2014. On Jan 20, 2015, the balance of the March event will be charged and on Aug 16, 2015, the Oct show balance will be charged. Of all fees, **\$100.00 of the exhibit fee (per booth/\$50 per Artisan Table)** is a REFUNDABLE DEPOSIT imposed by the facility and can be paid via check towards the March balance by Jan 20, 2015. The full amount will be returned rolled toward Oct balance provided there are no cleaning/damage fees pertaining to the exhibit space provided. Fee incurred in excess of the paid amount are due within 15 days of notification. If collected via CC then \$95.00/booth or \$45/Artisan Table will be returned. All fees are due and non-refundable per schedule above. Written cancellations will be honored no less than 120 days prior to the event with all fees previously paid/due per schedule being due and/or nonrefundable. In the occurrence of event cancellation, other than per war or terrorism (see below), paid funds will be returned.

NOTE: Rates below include the refundable \$100 per booth/\$50 per Artisan Table (Actual Exhibit rate is \$100/\$50 less than shown) Make at least 2 and as many as 4 requests (as some options only have one location) by writing "1st", "2nd", "3rd" "4th" next to the amount. For multiple locations, like two 8.5' x 12' booths, write (2) in a circle, etc. Double-Table Displays cannot be combined.

NA \$3550.00* ~20'x8' Booth Plus (4 tables/#21: Approx. 23'x11')	\$3225.00* ~5-Table Island (#29a)	\$2675.00* ~3-Table/8.5'x12' Booth
\$4900.00* ~16' x 12' Island (7 tables/#27a)	\$3225.00* ~5-Table Perimeter (#29b)	\$2675.00* ~10' x 10' Booth (3 tables/#19)
\$3375.00* ~20' x 8' Booth (4 tables)	\$3195.00* ~6-Table Booth (#41)	\$1650.00* Double-Table Display
	\$2775.00* ~16' x 6' Island (4 tables/#27b)	\$550.00* 6' Artisan Table (Hall Front)

*\$100 booth fee (\$50/AT) is refundable Sec. Dep.

PART FIVE: ELECTRICITY

___ Yes, I would like electric drop for \$50/Booth or Artisan Table

PART SIX: PAYMENT DETAILS

-F- Billing Info PLEASE PRINT and complete ALL information below. VISA / MASTERCARD / DISCOVER ONLY.

Visa/MasterCard/Discover # _____ Exp. Date _____ (3 digit) Security/CVV Code _____ Name as it appears on card _____

BILLING Address _____ City _____ State _____ Zip Code _____ Country _____

I authorize use of my card for payment on due dates as explained above and understand that this information may be used for all contracted shows and agreements, past, present & future, inclusive but not limited to, third-party debts such as those incurred from facilities and shipping companies/departments, unless a new valid payment is later submitted.

The signer, company and employees represented by whom, do hereby agree to participate in and abide by all rules/regulations set forth by show management, including but not limited to removal without refund for disruptive behavior and hereby releases from all liability Falcon Endeavors, Inc./Best Bead Show/Bead Mercantile Shows, and its employees and affiliates, for any/all losses/injuries sustained as a result of such participation. I also understand/acknowledge that if this event is cancelled due to war or terrorist acts, BBS/Falcon Endeavors, Inc. will at most be liable for applying booth fees to future events by afore-mentioned. Any/all expenses incurred by collections process shall be paid by exhibitor. Arbitration/Litigation would fall under rules/laws of and occur in PA.

COMPANY NAME: _____

Phone: _____ **Cell:** _____ **Fax:** _____ **E-Mail:** _____

Website: _____ How many free promo postcards would you like? _____

Products to be sold: _____

How will you promote yourself/this show: _____

Exhibitor Authorization [Print]
 Exhibitor Authorization [Sign]
 Date

Office SM: _____
 Use SL: _____
 Only QB: _____

P.O. Box 4, Broomall, PA 19008 Phone: 610-909-2674
 Fax: 1-877-800-4108 BestBeadShow@Yahoo.com
 www.BestBeadShow.com

BBS Office Use Only:
 Approval: _____
 Date: _____