



# EXHIBIT SPACE APPLICATION & CONTRACT

## COMPANY INFORMATION

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

## CHECK THE BOX THAT APPLIES TO YOU:

Marketing/Promoting only. No sales will be made.  
 I intend to sell at the event and fill out the tax permit info below.  
 \*Ohio Sales Tax # \_\_\_\_\_  
 \*Please call (888) 405-4039 or visit www.ohio.gov

### APPLICATIONS MUST BE RECEIVED BY FRIDAY, JULY 5, 2024

**SELECT**  INDOOR  OUTDOOR  
**SELECT**  SEMI  TRAILER  EZ-UP

Awning Depth \_\_\_\_\_

BOOTH SIZES AND RATES	PASSES	
10 x 10	\$840.00	2 <input type="checkbox"/>
10 x 20	\$1,310.00	4 <input type="checkbox"/>
10 x 30	\$1,550.00	6 <input type="checkbox"/>
10 x 40	\$1,640.00	8 <input type="checkbox"/>
20 x 20	\$1,640.00	4 <input type="checkbox"/>
20 x 30	\$1,680.00	6 <input type="checkbox"/>
20 x 40	\$1,860.00	8 <input type="checkbox"/>
20 x 50	\$2,040.00	10 <input type="checkbox"/>
20 x 60	\$2,275.00	10 <input type="checkbox"/>
20 x 70	\$2,510.00	10 <input type="checkbox"/>
30 x 30	\$2,000.00	6 <input type="checkbox"/>
* 30 x 50	\$2,520.00	10 <input type="checkbox"/>
^ 30 x 80	\$3,000.00	10 <input type="checkbox"/>
^ 30 x 100	\$3,300.00	10 <input type="checkbox"/>

Add On Corner (Limited) \$120.00   
 (Electrical: Call Expo Services (740) 454-1201)  
 Add'l 3-Day Vendor Passes \$60.00 x \_\_\_\_\_  
 Add'l 3-Day Parking Passes \$20.00 x \_\_\_\_\_  
 Add'l 1-Day Vendor Passes \$25.00 x \_\_\_\_\_

No discounts on additional tickets. Taxes and Fees apply at the event. (1) paid parking pass is included.

\* 30x50 - Outdoor 30x50 is reserved for trailers (minimum 24' in length) with minimum 18' awning.

^ 30x80 & 30x100 - Are reserved for outdoor SEMI's (or) trailers (minimum 40' in length) with minimum 18' awning.

## PLEASE LIST THE PRODUCTS/MANUFACTURERS OR SERVICE(S) YOU WILL BE SELLING OR PROMOTING WITHIN YOUR SPACE:

\_\_\_\_\_  
 \_\_\_\_\_

## ON-SITE CONTACT:

Name \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Email \_\_\_\_\_

Please check if you would like to receive info on New Product Showcase (automotive products only)

## BILLING

Name On Card \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV# \_\_\_\_\_ ZIP \_\_\_\_\_  
 Amount To Be Charged \$ \_\_\_\_\_

SUB-TOTAL =	\$ _____
EARLY DISCOUNT (-15%) BY 6/5/24 = Discount does not include additional tickets	\$ -
TOTAL =	\$ _____

TOTAL COST	
DEPOSIT	
BALANCE	

## TERMS / BILLING

THE UNDERSIGNED ACKNOWLEDGES THAT THEY HAVE CAREFULLY READ THIS AGREEMENT AND THE RULES AND REGULATIONS AND AGREES AND UNDERSTANDS ITS CONTENTS, AND UNDERSTANDS THAT THIS AGREEMENT INCLUDES AN ASSUMPTION OF THE RISKS OF THE RELEASED PARTIES' NEGLIGENCE AND A RELEASE OF THEIR LIABILITY. THE UNDERSIGNED ACKNOWLEDGES THAT GOODGUYS IS MATERIALLY RELYING ON THIS WAIVER AND IS ALLOWING THE UNDERSIGNED TO ATTEND AND/OR PARTICIPATE IN ANY ACTIVITY AT THE EVENT BECAUSE OF THE UNDERSIGNED'S VOLUNTARY EXECUTION OF THIS AGREEMENT.

Signature \_\_\_\_\_

Name (print) \_\_\_\_\_ Date \_\_\_\_\_