

# "Get Connected" Expo 2009 BOOTH CONTRACT

Firm Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Detail any special requirements: \_\_\_\_\_

*Booth locations will be determined on a first come, first serve basis. The Chamber of Commerce reserves the right to determine booth locations and move booths due to unforeseen problems. Special requirements will need to be coordinated in advance.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Will you be able to offer a door prize?  Yes  No If yes, what? \_\_\_\_\_

Will you be offering any free giveaways?  Yes  No If yes, what? \_\_\_\_\_

Number of spaces requested \_\_\_\_\_ (each space is 10 ft., with a 6 ft. table, two chairs, and tablecloth with skirting)

**\*\*SPACE IS LIMITED! SHOW SOLD OUT LAST TIME, SIGN UP TODAY!\*\***

Full payment received by July 31st, 2009--\$200 per booth space

Full payment received between August 1st - September 4, 2009--\$225 per booth space

Check here if you require electric, only standard 110V outlets will be available.

**\*\*YOU MUST REQUEST ELECTRIC IN ADVANCE\*\***

**EVENT SPONSORSHIP** (includes booth fee, name/logo on goodie bags, name/logo on front of event program, opportunity to display company banner, name/logo on overhead screens, company provided hand-outs and/or marketing materials given out at luncheon, name/logo in press releases, Business Journal articles, and ads (where appropriate)--\$600 (only 4 available)

Total payment enclosed: \_\_\_\_\_ (Checks payable to: SACC)

Please invoice my company to the above address.

If paying by credit card, please circle type of card: Visa MC Amer. Exp.

Card Number: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

<b>Set up dates:</b>	Wednesday, September 16, 2009	(times TBD)
	Thursday, September 17, 2009	8 a.m.-9:45 a.m.

<b>Expo Dates:</b>	Thursday, September 17, 2009	10 a.m.-7 p.m.
--------------------	------------------------------	----------------

<b>Knockdown date:</b>	Thursday, September 17, 2009	7 p.m.-9 p.m.
------------------------	------------------------------	---------------

For the event program, please include a company description about your business of 50 words or less (will be edited as necessary depending on space constraints) by no later than September 4<sup>th</sup>:

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

Address: P.O. Box 510, Salisbury, MD 21803-0510 -- Phone: 410-749-0144 -- Fax: 410-860-9925

Accepted by Chamber Events Director: \_\_\_\_\_ Date: \_\_\_\_\_