

TAMPA BAY Parenting

***Exhibitor Contract
August 15, 9am-5pm MOSI***

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____
Business *Cell*

EMAIL: _____ WEBSITE: _____

____ Premium Exhibitor - \$500

- 10' W x 20' L Exhibitor Booth in premium location or custom designed space
- Name Listing on printed materials

____ Exhibitor - \$350

- 10' x 10' Exhibitor Booth
- Name Listing on printed materials

Current Advertiser of Tampa Bay Parenting: _____ YES (Receive \$150 OFF)*
_____ NO

Would you be interested in performing or providing a demonstration on stage? ____ YES ____ NO

Please describe what you would like to present on stage: _____

Description of products or services you will be exhibiting? _____

Description of giveaways and/or activity? _____

Number of tables needed: _____. *One table and two chairs are provided, additional tables are \$10 a piece. Please bring your own table cloth.*

Are you donating any goods or services for giveaways at the event? _____

If yes, please describe goods or services _____

Total Value: _____

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Ad in program:

- ____ Quarter page, \$175 (2.5" W x 4"H)
____ Half page, \$250 (5"W x 4" H)
____ Full page, \$500 (5"W x 8"H)

Category (circle one): Health & Wellness, Safety, After School Program, Private School, Childcare Center, Learning Center/Tutor, School, Products or Services, Children's Clothing or Retail, Supplies, Other.

Exhibitor agrees to abide by this contract, and its terms as agreed upon in this document. Exhibitor must be present for entire event and have enough supplies. Early departures and cancellations will prevent participation in future events. The undersigned is authorized to enter contracts on behalf of the exhibiting business/organization. All contracts are subject to approval. Some restrictions apply.

Signature

Date

Print Name

Title

TOTAL: \$ _____ Payment *must be received in full to reserve space*. Artwork must be received by July 25, 2009.

FORM OF PAYMENT: _____ CHECK _____ CREDIT CARD (Fill out below)

CHARGE AUTHORIZATION FOR CREDIT CARD PAYMENT

ENTRY AMOUNT: _____

TYPE OF CARD BEING USED (PLEASE CIRCLE): VISA, MC, AMEX, DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE: MONTH _____ YEAR _____ CARD CODE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CARD HOLDER'S SIGNATURE: _____

PRINTED NAME: _____

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CONTRACTS AND PAYMENT SHOULD BE MAILED TO:

Tampa Bay Parenting Magazine

P.O. Box 82255

Tampa, Florida 33682-2255

OR FAXED TO: 813-315-6688

* Current partners/sponsors of Tampa Bay Parenting Magazine and MOSI get additional discounts. Please call.

If you are interested in providing entertainment at the event, please call Angela or email her at angela@tbparenting.com