## SPACE RENTAL AGREEMENT 2018 NORTH DAKOTA WINTER SHOW

Preference will be given to previous exhibitors until November 10<sup>th</sup>, 2017. Following this date, all booths will be made available to those on our waiting list, on a first come, first serve basis.

Business/Organization			
Contact Person			
AddressCity/State/Zip			
Business PhoneCell Phone			
Fax #Email Address			
Name and describe all items and services to be sold or exhibited (along with brand name): (Must be completed for application approval. This also helps the NDWS staff direct customers to your product.)			
Please indicate below the desired exhibit space: (Refer to Section E of Rules & Regulations for fees)  Main Building: 8 days ~ Mar. 3-10: (please circle) Informational or Retail			
Booth Request: Same as last year or Other (please specify)			
booth request. Same as last year of Other (piease specify)			
Home, Play and Get-Away: 3 days ~ Mar. 3-5: (please circle) Informational or Retail			
Booth Request: Same as last year or Other (please specify)			
Bulk SpaceFt. wide xFt. deep			
<b>Ag Challenge</b> 3 days ~ Mar. 6-8: (please circle) Informational or Retail			
Booth Request: Same as last year or Other (please specify)			
Bulk SpaceFt.wide xFt. deep			
Outside Space: Number of 10' by 18' spaces:			
EXHIBIT SPACE FEE \$			
Discount Amount: (5% off total if paid by NOVEMBER 10, 2017) MINUS \$			
Power: Will you need a 110 power? Yes or No			
Special Electrical Req./220 power: (add \$100) OR Hardline Internet Connection (add \$50) \$			
(Please see reverse) TOTAL AMOUNT DUE \$			

Payment:			
☐ Check enclosed for total due ☐ Check	enclosed for \$200 non-refu	ndable deposit & invoice remaining	
☐ Charge to my Credit Card (a 3% service	charge will be added on a	ll cc payments)	
Card Type: (circle one) MasterCard	Visa Discover		
Card Holder Name			
Card Number	CVS(security code)		
Exp. Date: Billing Zip Code:	Signature:		
BALANC INSURANCE CERTIFICATES M (Please refer to Section O in the cor		ED BY January 2nd, 2018.	
If for any reason you are unable to exhibit at the re-rented. This includes any weather related issued to the related is the related is the re-rented.			
I certify that the information stated on this agree have read and will abide by the conditions set f			
Signature of Applicant	D	ate	
	abmit this form, along wi AYMENT or DEPOSIT to ~ PO Box 846 ~ Valle	to:	
For additional information, contac			
	For Office Use Only:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Total Amount for All Booth Space \$	Remain	Remaining balance: \$	
Paid Deposit Date:	Paid by: check #	CC	
Paid Remaining Balance Date:	Paid by: check #	CC	
Final Selected Space: Main Building: Aisle	Booth _		
SEB (Ag Challenge): AisleBoo	oth or Bu	or Bulk Space:	
SEB (Home, Play & Get-a-Way): Aisle	Booth	or Bulk Space:	
Outside Space			