



SPACE RENTAL AGREEMENT 2020 NORTH DAKOTA WINTER SHOW

Preference will be given to previous exhibitors until December 16, 2019. 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 _____

Address _____ City/State/Zip _____

Business Phone _____ Cell 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:

Main Building: 7 days - Mar. 1-7: \$495/ Regular 10'x8 booth or \$560/corner booth or \$400/under bleacher booth

Booth Request: Same as last year or Other (please specify) _____

South Exhibit Building 6 days – March 2-7: \$475/ 10'x10' booth or Bulk Space \$1.50/sq ft. (Min. \$700)

Booth Request: Same as last year or Other (please specify) _____

Bulk Space: _____ Ft. wide x _____ Ft. deep

South Exhibit Building 1st Half : 3 days - Mar. 2-4: \$350/ 10'x10' booth or Bulk Space \$1.50/sq ft. (Min. \$700)

Booth Request: Same as last year or Other (please specify) _____

Bulk Space: _____ Ft. wide x _____ Ft. deep

South Exhibit Building 2nd Half: 3 days – Mar. 5-7: \$375/ 10'x10' booth or Bulk Space \$1.50/sq ft. (Min. \$700)

Booth Request: Same as last year or Other (please specify) _____

Bulk Space: _____ Ft. wide x _____ Ft. deep

Outside Space: 8 days – Feb. 29-March 7: \$150

Number of 10' by 18' spaces: _____

Please submit this form, along with
FULL PAYMENT or DEPOSIT to:

North Dakota Winter Show: PO Box 846 Valley City, ND 58072

For additional information, contact the NDWS office, at 701-845-1401 or 800-437-0218.

For Office Use Only:

Total Amount for All Booth Space \$ _____ *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 (6 Days): Aisle _____ *Booth* _____ *or Bulk Space:* _____

SEB (1st Half): Aisle _____ *Booth* _____ *or Bulk Space:* _____

SEB (2nd Half): Aisle _____ *Booth* _____ *or Bulk Space:* _____

Outside Space _____