

SPACE RENTAL AGREEMENT 2022 NORTH DAKOTA WINTER SHOW

be made availab	be given to previous exhibitors until January 29 th , 2022. Following this date, all booths will le to those on our waiting list, on a first come, first serve basis.
Business/Organ	zation:
Contact Person:	
Address:	City/State/Zip:
Business Phone	Cell Phone:
Fax #	Email Address:
(Must be comple	ribe all items and services to be sold or exhibited (along with brand name): eted for application approval. This also helps the NDWS staff direct customers to your product.)
Please indicate	below the desired exhibit space:
Booth R	5 days-Mar. 9-13: \$450/ 10'x8 booth or \$500/corner booth or \$400/under bleacher booth equest: Same as last year or other (please specify booth #)
South Exhibit 1	Building 5 days-Mar. 9-13: \$450/ 10'x10' booth or Bulk Space \$1.50/sq ft. (Min. \$700) tequest: Same as last year or Other (please specify booth #)
•	ace:Ft. wide xFt. deep
Outside Space :	5 days – March 9-13 : \$150 Number of 10' by 18' spaces:
Number of Tab	oles Needed (\$10/table): nirs Needed (\$2/chair):
	(Refer to Section E of Rules & Regulations for fees)
	EXHIBIT SPACE FEE \$
Power:	Will you need a 110 power? Yes or No Special Electrical Requirements/220 power: (\$100.00) ADD \$

(Please see reverse)

TOTAL AMOUNT DUE \$_____

Payment:				
☐ Check enclosed for t	total due	enclosed for \$2	200 non-refundable deposit & invoice remaining	
☐ Charge to my Credi	t Card (a 4% service	charge will be	e added on all cc payments)	
Card Type: (circle one)	MasterCard	Visa	Discover	
Card Holder Name				
Card Number			CVS(security code)	
Exp. Date:	Billing Zip Code:	Signature:		
(Please refer	E CERTIFICATES N to Section O in the co	MUST ALSO B mmercial exhib	oruary 19, 2022 BE RECEIVED BY February 11, 2022. bitor's regulations for more information)	
If for any reason you are re-rented. This includes a			nts are NON-REFUNDABLE, if your space was not it you from attending.	
			lete and true to the best of my knowledge and that I nmercial Exhibitor Rules and Regulations.	
Signature of Applicant			Date	
	FULL PA kota Winter Sho	AYMENT or low: PO Box	m, along with DEPOSIT to: 846 Valley City, ND 58072 office, at 701-845-1401 or 800-437-0218.	
	F	or Office Use	Only:	
Total Amount for All B	ooth Space \$		Remaining balance: \$	
Paid Deposit Date:	Paid by:	check #	CC	
Paid Remaining Balance	Date:	Paid by: check	x # CC	
Final Selected Space:	Main Building: Row_		Booth	
SEB: Row	Booth	or Bulk Sp	pace:	
Outside Space				
# of Tables:		# of Chairs	s:	