

SPACE RENTAL AGREEMENT 2023 NORTH DAKOTA WINTER SHOW

Preference will be given to previous exhibitors until January 15 th , 2023. Following be made available to those on our waiting list, on a first come, first serve basis.	g this date, all booths will
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 brance) (Must be completed for application approval. This also helps the NDWS staff direct completed for application approval.	ustomers to your product.)
Please indicate below the desired exhibit space:	
Main Building: 5 days-Mar. 8-12: \$450/ 10'x8 booth or \$500/corner booth or \$400/ Booth Request: Same as last year or other (please specify booth #)	under bleacher booth
South Exhibit Building 5 days-Mar. 8-12: \$450/ 10'x10' booth or Bulk Space \$1.75 Booth Request: Please specify booth #	
Bulk Space:Ft. wide xFt. deep Please draw out on the map	how you would like your
space, or send a picture of what your setup will be.	
Outside Space: 5 days – March 8-12: \$150 Number of 10' by 18' spaces:	
Number of Tables Needed (\$10/table): Number of Chairs Needed (\$2/chair):	
(Refer to Section E of Rules & Regu	lations for fees)
EXHIBIT SPAC	E FEE \$
Power: Will you need a 110 power? Yes or No Please bring your own extension Cord Special Electrical Requirements/220 power: (\$100.00) ADD	\$

(Please see reverse)

TOTAL AMOUNT DUE \$_____

Payment:				
\Box Check enclosed for	total due	enclosed for \$2	100 non-refundable deposit & invoice rema	ining
☐ Charge to my Cred	it Card (a 4% service	e 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:	Sign	nature:	
	E CERTIFICATES I	MUST ALSO I	BE RECEIVED BY February 19, 2023. bitor's regulations for more information)	
If for any reason you are re-rented. This includes			nts are NON-REFUNDABLE, if your space wat you from attending.	as not
			lete and true to the best of my knowledge and numercial Exhibitor Rules and Regulations.	that I
Signature of Applicant			Date	
	Please su FULL Pa akota 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.	
]	For Office Use	Only:	
Total Amount for All I	Booth Space \$		Remaining balance: \$	
Paid Deposit Date:	Paid by:	check #	CC	
Paid Remaining Balance	2 Date:	_Paid by: check	c.# CC	
Final Selected Space:	Main Building: Row		Booth	
SEB: Row	_Booth	or Bulk Sp	pace:	
Outside Space				
# of Tables:		# of Chairs	s:	