

2024



# SPACE RENTAL AGREEMENT NORTH DAKOTA WINTER SHOW

Preference will be given to previous exhibitors until January 15, 2024. 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:**

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**Main Building: 5 days-Mar. 6 - 10:** \$450/ 10'x8 booth or \$500/corner booth or \$400/under bleacher booth  
Booth Request: Same as last year or other (please specify booth #) \_\_\_\_\_

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**South Exhibit Building 5 days-Mar. 6 - 10:** \$450/ 10'x10' booth or Bulk Space \$1.75/sq ft. (Min. \$700)  
Booth Request: Please specify booth # \_\_\_\_\_

Bulk Space: \_\_\_\_\_Ft. wide x \_\_\_\_\_Ft. deep Please draw out on the map how you would like your space, or send a picture of what your setup will be.

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**Outside Space:** 5 days – March 6 - 10: \$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 & Regulations for fees)

**EXHIBIT SPACE 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:**

**Check enclosed for total due      Check enclosed for \$100 non-refundable deposit & invoice remaining**  
**Charge to my Credit Card (a 4% service charge will be 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: \_\_\_\_\_

**BALANCE DUE by February 11, 2024**  
**INSURANCE CERTIFICATES MUST ALSO BE RECEIVED BY February 11, 2024.**  
*(Please refer to Section O in the commercial exhibitor's regulations for more information)*

If for any reason you are unable to exhibit at the show, payments are NON-REFUNDABLE, if your space was not re-rented. This includes any weather related issues that prevent you from attending.

I certify that the information stated on this agreement is complete and true to the best of my knowledge and that I have read and will abide by the conditions set forth in the Commercial Exhibitor Rules and Regulations.

\_\_\_\_\_  
Signature of Applicant      Date

\_\_\_\_\_  
ND Tax Permit Number

**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.**

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**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: Row* \_\_\_\_\_ *Booth* \_\_\_\_\_

*SEB: Row* \_\_\_\_\_ *Booth* \_\_\_\_\_    *or Bulk Space:* \_\_\_\_\_

*Outside Space* \_\_\_\_\_

*# of Tables:* \_\_\_\_\_ *# of Chairs:* \_\_\_\_\_