

CHARLOTTE SHOW

DECEMBER 1 - 3
WHOLESALE CASH & CARRY SHOW
BOOTH RATE \$900.00

Show Site: The Park Expo Center (Formally Charlotte Merchandise Mart) - 2500 E Independence Blvd. - Charlotte, NC 28205
Phone: 704/365-4152 Fax: 704/365-4154 Website: CharlotteGiftShow.com

FINAL PAYMENT DUE: 11/15/2012

Show Hours: Saturday & Sunday 9am-5pm
Monday 9am-3pm
Setup: Friday 8am-midnight

Mahone Associates will continue accepting requests for exhibit space until the Market is sold out. Booth placement will begin November 15. Confirmation of booth assignments will be sent via postal mail. Each 9x12 paid booth package includes: 8' back drape, 3' side drapes, signage, and bare tables.

RETURN CONTRACT TO:
Charlotte Gift & Jewelry Show
3701 Latrobe Drive #110
Charlotte, NC 28211
Fax: 704/365-4154

Please complete all areas of the contract. Incomplete contracts will NOT be considered.

1 PLEASE PRINT

COMPANY: _____ CONTACT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ CELL: _____
EMAIL: _____ WEBSITE: _____
PRODUCT DESCRIPTION: _____

2 LIST NUMBER OF 9 X 12 BOOTHS DESIRED:

_____ at \$900.00 each. Total price of booths requested \$ _____ Deposit (50%) \$ _____

Make Checks payable to: Charlotte Show.

If paying by credit card, please complete in full. Visa Mastercard American Express

Card Number _____ Exp. _____ Security Code _____

Name as it appears on card _____

Billing Address _____ City _____ State _____ Zip _____

Amount to Charge \$ _____ Cardholder Signature _____

I, the Cardholder, authorize the amount above to be charged to my credit card. I understand the charges are non-refundable and non-transferable even in the event of cancellation. No Exceptions. Furthermore, I, the Cardholder, authorize the charge of any outstanding balances, including checks returned for NSF, checks returned for Stop Payment, and/or non payment of balances. I agree this payment is made pursuant to, and I agree to be bound by the Exhibitor Space Rules and Regulations.

3 THE FOLLOWING WILL BE WORKING IN MY BOOTH AND WILL NEED A BADGE.

4 AUTHORIZED SIGNATURE REQUIRED FOR CONTRACT TO BE COMPLETE.

Authorized Signature _____ Date _____

By signing this contract, the above signed consents to abide by all Rules and Regulations of this contract.

FOR OFFICE USE ONLY

CHECK NUMBER _____ AMOUNT \$ _____ BOOTH NUMBERS _____