

# HOMECOMING EXHIBITOR CONTRACT-2019

MARCH 1-3 • PORT ORANGE, FLA.

## Exhibitor Information:

Company Name			Billing Address	City	State/Province
Company Contact	Phone	Fax	Zip/Postal Code	Country	
Address		City	State/Province	E-mail Address	
Zip/Postal Code	Country		Website		

Brief Description of Services: \_\_\_\_\_

## Exhibitor Staff Information: (Names must be submitted by Friday, Feb. 1, 2019)

Name Badge 1 (included with space/non C.E.) Name Badge 2 (included with space/non C.E.)

Additional Name Badges: (non C.E.)

## Booth Information:

Exhibit space(s) \$500 each: \$ \_\_\_\_\_

Electricity \$50: \$ \_\_\_\_\_

*Electricity is limited so please indicate when registering if you will require electricity so we can accommodate you as best as we can.*

Additional name badges \$50 per person: \$ \_\_\_\_\_

(non C.E.)

Grand Total: \$ \_\_\_\_\_

- I will be attending the Friday Night Celebration.
- I'm interested in sponsorship opportunities. Please send me more information.

## Equipment Needs:

Each booth is provided with one 6' table, two chairs and one trash can. Please let us know if you do not need any of the items required. If you need additional equipment, please specify below.

- 6-foot table Qty: \_\_\_\_\_
- Chairs Qty: \_\_\_\_\_
- Other Please Specify: \_\_\_\_\_

*For additional needs contact Special Events Services at (386) 760-6111. Orders must be placed by Friday, Feb. 1.*

*Requests for reasonable accommodations for individuals with documented disabilities must be submitted no later than February 15. Please call toll free (800) 452-5032 to make arrangements.*

The below signature verifies that I have read and agree to the Expo policies.

\_\_\_\_\_  
Signature Date

CONTRACT NOT VALID WITHOUT A SIGNATURE.

## Payment Information:

- Check Enclosed
- American Express  Discover
- MasterCard  Visa

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date (Month/Year) CVC

Please make checks payable to Palmer Homecoming. Payment in full is expected at the time of registration.

## Refunds:

All cancellations must be submitted in writing and refunds will be made as follows:

- 90% of the fee will be refunded if cancellation is received at least 90 days prior to the first day of the Expo.
- 75% of the fee will be refunded if cancellation is received at least 30 days prior to the first day of the Expo.
- No refund will be given if cancellation is made less than 30 days prior to the first day of the Expo.
- Exhibitors who are sponsors will receive the appropriate refund for booth cancellations but sponsorships are non-refundable.

## Mail Form To:

Continuing Education and  
Events Department  
1000 Brady Street, Davenport, IA 52803  
Fax: (563) 884-5103