

Total Life Expo Agreement

Contract Date: _____

Show Location: Mohegan Sun

Show Date: October 21, 2017

EXHIBITOR NAME: _____

Booth Number(s): _____

Contact Person: _____ Phone: _____ Tax ID #: _____

Email: _____ Website: _____

Address: _____

Product Description: _____

IT IS AGREED: Subject to the terms and conditions of this agreement, and upon acceptance of show management, we the undersigned, hereinafter referred to as "exhibitor," agree to lease from you:

An exhibitor space at the Total Life Expo at a total cost of: \$ _____ Discounts Applied: \$50 Early Bird \$50 Member

****Electricity is not included in booth price – it is to be contracted separately with PSAV/Mohegan Sun****

NOTICE: Verbal commitment has been indicated. Your reservation will be held; contract must be signed and returned WITH DEPOSIT within two weeks to mcronin@chamberECT.com, fax (860) 701-9902, or mail 914 Hartford Turnpike, Suite 206, Waterford CT 06385.

All exhibit space must be paid in full prior to opening - NO EXCEPTIONS.

CANCELLATIONS: Accepted by written notice only. Deposits are non-refundable.

FAILURE OF EXHIBITOR TO MAKE PAYMENT AS SPECIFIED SHALL ENTITLE MANAGEMENT AT ITS OPTION TO CANCEL THIS AGREEMENT WITHOUT NOTICE AND EXHIBITOR SHALL REMAIN LIABLE FOR ANY UNPAID RENTALS. THERE IS A \$35.00 CHARGE FOR CHECKS RETURNED BY THE BANK.

Merchandise/Services to be related to HEALTHY LIVING and must be clearly defined in the **name or description of exhibitor**. Management reserves the right to relocate or remove exhibitor due to improper description.

DISTRIBUTION OF BROCHURES/ANY OTHER MATERIALS IS NOT PERMITTED OUTSIDE OF PAID EXHIBITOR BOOTH. BOOTHS MUST BE SET UP AND MANNED 1/2 HOUR PRIOR TO SHOW OPENING TO AVOID JEOPARDIZING LOCATION. **ANY EXHIBITOR DISMANTLING BOOTH PRIOR TO FORMAL CLOSE OF SHOW WILL JEOPARDIZE PARTICIPATION IN FUTURE SHOWS.**

Upon acceptance of this agreement by Management, this agreement shall become a binding and enforceable contract between parties.

PAYMENT

(Make checks payable to: CHAMBER OF COMMERCE OF EASTERN CT)

Credit Card Information Type of Credit Card: () Visa () MasterCard () American Express () Discover

Account # _____ Expiration Date: _____ 3 or 4 Digit Security Code _____

Amount of Transaction: \$ _____ Name (as it appears on card): _____

Billing Address for Card: _____ Zip Code: _____

I have read and understand the terms of this Exhibitor Agreement. I hereby authorize the Chamber of Commerce of Eastern CT to process the above transactions and will be responsible for payment in full as outlined above.

Signature _____ Date _____