



Connecticut Made Market Exhibitor Agreement

Contract Date: _____

Show Location: **Mohegan Sun, Convention Center**

Show Date: **October 21, 10AM to 3PM, 2017**

EXHIBITOR NAME: _____	Booth: _____
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Contact Person: _____ Email: _____

Phone: _____ Address: _____

City, State, Zip: _____ Website: _____

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:

- One exhibitor space (2 skirted tables totaling 12’ x 30”) at the Total Life Expo’s “Connecticut Made Market”
\$20 due upon the execution of this agreement, prior to the Expo.

Return to: ATTN: Megan Cronin, 914 Hartford Turnpike, Ste 206, Waterford CT 06385 OR
mcronin@chamberECT.com

NOTICE: Your reservation will be held; contract must be signed and returned WITH PAYMENT within three weeks.
CANCELLATIONS: Accepted by written notice only. Payment may be refunded if notice is provided more than 10 business days prior to the event.

Electricity is not included– it is to be contracted with PSAV/Mohegan Sun. Ask for details.

ALL VENDORS SELLING EDIBLE PRODUCTS ARE SUBJECT TO APPROVAL BY THE MOHEGAN TRIBAL HEALTH DEPARTMENT. A temporary food permit application is required.

BOOTHS MUST BE SET UP AND MANNED 1/2 HOUR PRIOR TO SHOW OPENING. ANY EXHIBITOR DISMANTLING BOOTH PRIOR TO FORMAL CLOSE OF SHOW WILL JEOPARDIZE PARTICIPATION IN FUTURE SHOWS. THERE IS A \$35.00 CHARGE FOR CHECKS RETURNED BY THE BANK.

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: () 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 _____