

# 23rd Annual Grand Marketplace Expo

Tuesday, April 5, 2011

4:00 - 7:30 PM

Holiday Inn Southwest Viking Conference Center

## Exhibitor Contract

### General Information:

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Payment:

Booth cost \$ \_\_\_\_\_ (\$175 Chamber member/ \$275 non-member)

Double booth \_\_\_\_\_ (add \$100)

Electric \_\_\_\_\_ (add \$30)

Business card ad in program \_\_\_\_\_ (add \$35) Must include business card with contract)

Total payment = \$ \_\_\_\_\_

### Type of Payment:

\_\_\_ Check (make checks payable to Kirkwood-Des Peres Area Chamber of Commerce)

\_\_\_ Credit card (MC or Visa)

Credit card # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Address/Zip associated with card: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

***\*Contract must be signed for this application to be valid! Deadline is March 22, 2011.***

As an exhibitor, I understand the costs associated with this Expo, and the items I will receive for these costs. I assume the entire responsibility and liability for losses, damages, and claims resulting in injury or damages to my display, equipment, and other property brought onto Holiday Inn Southwest Viking's premises. **Because of limited lighting in some areas, the committee suggests you bring additional lighting for your exhibit space.** I shall indemnify and hold harmless the Kirkwood - Des Peres Area Chamber of Commerce and their agents and employees, from any all such losses, damages and claims. I agree to staff the exhibit space until 7:30 pm. I understand that if I cancel after March 15, 2011 my exhibitor fee will not be refunded.

Signature: \_\_\_\_\_ (must sign for contract to be valid)

Date: \_\_\_\_\_

### **Return this signed contract to:**

Gina March, VP of Marketing  
Kirkwood - Des Peres Area Chamber of Commerce  
108 W. Adams, Kirkwood, MO 63122  
Fax: (314) 821-5229

**Questions? Call Gina at (314) 821 - 4161**