



APPLICATION /
SPACE RENTAL
AGREEMENT

The undersigned hereby requests assignment of a space at the **Clermont Chamber of Commerce Business Expo** to be held on April 22, 2010 at **Receptions Conference Center East**, and agrees to abide by the reasonable rules and regulations that may be imposed upon the undersigned and all other participants in the exposition after due notice thereof.

Company Information:

Firm Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Booth attendants - name/title: _____

Principal products/services: _____

Markets served: _____

Booth Fee:
Chamber Member \$395 \$ _____
(Clermont, New Richmond, Goshen, Milford Miami Township, Loveland Area, Anderson Area, Northeast Cincinnati)

Non Chamber Member \$495 \$ _____

Services included:

- 8'x 6' space with 6' draped table, up to 2 chairs
_____ 0 Chairs _____ 1 Chair _____ 2 Chairs
- 4 drink tickets
- 1 breakfast, 1 lunch ticket
(Confirm attendee' name at 576-5000 by April 1)
- 30-word listing in Expo program
(submit via e-mail at time of booth registration to cyn.macke@clermontchamber.com)
- Free Wi-Fi
- Exposition name badges (must be worn by all booth attendants)
- Tickets for booth attendants to March 24 "Maximizing your Expo ROI" workshop
(Confirm attendees at 576-5000 by March 14)

Optional services: (indicate number desired)

_____ Electrical connection @ \$35. ea.= \$ _____

_____ Additional lunch tickets @ \$25 ea. \$ _____

_____ Additional breakfast tickets @ 35 ea. \$ _____

Total amount due: \$ _____

Requested Booth locations (choose 3 from layout form):

Request booth separation from these companies:

Services excluded by Business Expo:

Reasonable precaution should be taken to protect the exhibitor's property. The Chamber and Receptions are not responsible for theft or damages.

Exhibitor's agreement to assume risks and indemnify:

The undersigned assumes the entire responsibility and liability for losses, damages, and claims arising out of injury to persons or property including, but not limited to, exhibitor's displays, equipment and other property brought upon the premises of Receptions and shall indemnify and hold harmless Receptions, the Clermont Chamber of Commerce, their agents, officers, servants and employees from such losses, injuries and claims that may arise out of the undersigned's participation in the exposition and the acts and omissions of its agents, officers, servants, employees, and business invitees, both within and without the premises of Receptions Conference Center. The undersigned further agrees to maintain insurance coverage for personal injury and property damage in accordance with the terms of this agreement.

Right to cancel agreement:

Prior to April 1, the exhibitor shall have the right to cancel this agreement and receive a full refund if unsatisfied with space assignment. Such cancellation must be affected by written notice to the expo organizer within seven (7) days of the notification of assigned location. Thereafter this agreement shall be binding and may not be cancelled by exhibitor for any reason.

Miscellaneous:

The exhibitor represents that it is presently a member in good standing of the Clermont Chamber of Commerce and agrees to so maintain its membership throughout the term of this calendar year.

Exhibitor: _____

Authorized signature: _____

Date: _____

RECEIPT AND ASSIGNMENT OF BOOTH LOCATION:

This application is hereby accepted and the above named exhibitor is assigned location(s) _____ as the same is depicted on the attached drawing of the exhibition area. The Clermont Chamber acknowledges that the sum of \$ _____ has been received.

Date: _____ Expo Committee: _____

Credit Card Record of Payment

ID #: _____ Phone Number: _____

Company Name: _____

Contact Person: _____

Email Address: _____

Payment Amount: _____

Purpose: _____

Invoice #	Membership Dues	Event Name	Product Purchased
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Card Type: Visa MC AmEx

Card Number: _____

CID Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Special Notes:

Entered in Credit Card Excel Spreadsheet: Date: _____ Initials: _____
