

Rocky Mountain Quilt Festival Contract For Exhibit Space

Loveland, CO • August 17-19, 2017 - Thursday - Saturday

Payment Information

Company Name (Type or print): _____

Person in charge of exhibit details: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

Fax: _____

E-mail: _____

Website: _____

Products exhibited at show to be listed in show program: _____

- I am interested in sponsorship opportunities.
- I am interested in advertising in the show program.
- I will provide a door prize.

BOOTH COST

Booth Dimensions	Booth Price
<input type="checkbox"/> 10 x 10	\$ 490
<input type="checkbox"/> 10 x 15 (Limited available)	\$ 875
<input type="checkbox"/> 10 x 20	\$ 975
<input type="checkbox"/> 10 x 30	\$1450
<input type="checkbox"/> Other Booth size needed _____	

Electric @\$50 per exhibitor	\$ _____
Wi-Fi @\$40 per exhibitor	\$ _____
TOTAL BOOTH COST	\$ _____
PAYMENT ENCLOSED	\$ _____
BALANCE DUE	\$ _____

BOOTH INFORMATION

50% NONREFUNDABLE DEPOSIT IS DUE WITH CONTRACT. Booth space will not be confirmed without a signed contract and payment. FINAL PAYMENT DUE: June 1, 2017.

1. No exhibitor shall be permitted to erect an exhibit without remittance of total space rental fee.
2. Exhibit booth personnel shall wear an identification badge at all times, when on the floor.
3. No refunds or credits for cancellations for any reason.
4. Your booth will be assigned 45 days prior to show.

BOOTH PACKAGE

1. Booth rental includes: 8' X 30" un-skirted table, two folding chairs and I.D. sign.
 2. All booths have 8 foot back drape and 3 foot side drape. 8 foot side drape is available from the show decorator for a fee.
 3. Electric is NOT included.
All tables MUST be covered.
You may supply your own fire retardant table cover.
- By submitting this contract, EXHIBITOR agrees to all the TERMS & CONDITIONS of this contract (see RULES & REGULATIONS form attached.)

Credit Card Automatic Payment Plan for final payment.
By signing below you authorize CL Management to process your credit card for the remaining balance due on June 1, 2017.

Authorized Signature: _____ Date: _____

VISA MasterCard

A charge from CL Management will appear on your credit card statement.

Card # _____

Exp. Date: _____ CCV#: _____ \$ _____

*Security code CCV- 3 or 4 digit code on front or back of card

Signature of Cardholder: _____

Address of Cardholder if different than above: _____

MAKE CHECKS PAYABLE TO:

C L Management
PO Box 1452
Highlands, TX 77562
Vendor Inquiry:
Phone: 281-543-3989
Fax: 832-415-3054
Sales@rmqf.net