



**Return completed  
Contract to:**

**Electrical Manufacturing &  
Coil Winding Expo**  
P. O. Box 278  
Imperial Beach, CA 91933  
Telephone: 619-435-3629  
Fax: 619-435-3639

**Gaylord Palms Convention Center  
September 18 & 19, 2012**

# 2012 EXHIBIT CONTRACT

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Please enter your name here exactly as you wish ~ to appear in Show promotion materials.

In making application, we agree to exhibit under and comply with the accompanying contract regulations printed on the reverse side of this contract, which regulations are by reference made part of this contract.

**SPACE RATE: \$22.50 PER SQUARE FOOT**

REQUIRED SPACE SIZE \_\_\_\_\_ Payment due with contract \$ \_\_\_\_\_

FIRST choice . booth number \_\_\_\_\_ (Payment required to hold space.)

SECOND choice . booth number \_\_\_\_\_

*Exhibitors with outstanding payments due prior to show opening will not be permitted to move into show.*

TOTAL SPACE COST (US) \$ \_\_\_\_\_

List all products you will exhibit: \_\_\_\_\_

List any competitors you do not wish to be next to: \_\_\_\_\_

*Exhibitors with outstanding payments due prior to show opening will not be permitted to move into show.*

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTAL/ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEB SITE \_\_\_\_\_

CONTACT NAME (signature) \_\_\_\_\_

CONTACT NAME (please print) \_\_\_\_\_

PERSON RESPONSIBLE FOR TRADE SHOW COORDINATION (please print)

(if different than contact name) \_\_\_\_\_ Email \_\_\_\_\_

PERSON RESPONSIBLE FOR TRADE SHOW MARKETING (please print)

(if different than contact name) \_\_\_\_\_ Email \_\_\_\_\_

**DO NOT WRITE IN SPACE BELOW**

\_\_\_\_\_ SPACE ASSIGNED \_\_\_\_\_ SPACE SIZE \_\_\_\_\_ SQ FT \_\_\_\_\_ COST