

1 Heart Conventions

Exhibitor application and contract

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Web site _____

Phone: _____ Fax: _____

Contact Person: _____ Persons in booth _____

Type of business: _____

Items you will display in your booth: _____

Booth selection: premium _____ corner _____ aisle _____

Do you require power in your booth? (standard) ____yes ____no

Method of Payment: Check _____ Visa: _____ Mastercard: _____

Card # _____ Exp. Date _____ Security code _____

Tables are assigned in order of registration date. Please call for table selection.

I have read and agree to all rules & regulations posted on the web site. I understand this a binding contract with a non-refundable deposit.

Signature

Date