



# Temporary Exhibit Application

Mar. 19-22, 2010

## Exhibitor Profile

Company \_\_\_\_\_

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

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

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

City : \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

**Booth Rental Fees are calculated on a per square foot rate of \$5.50 per foot.**

**Examples of rates are as follows:**

- 12' x 10' booth rate is \$ 660
- 10' x 10' booth rate is \$ 550
- 8' x 10' booth rate is \$ 440
- 8' x 8' booth rate is \$ 352
- 12' x 6' booth rate is \$ 396

We can work with you on the space Requirements you need.

## For more information please contact:

Karen Knies  
 Columbus MarketPlace  
 1999 Westbelt Dr., Columbus, OH 43228  
 800.686.6278 Fax 614.876.4069  
[karenk@thecolumbusmarketplace.com](mailto:karenk@thecolumbusmarketplace.com)

**Show hours are 9 to 6 Friday –Sunday  
9 to 4 Monday**

## Cancellations

Cancellations received 60 days prior to the opening of the show, will be assessed a cancellation fee equal to 50% of the total exhibit space rental fee. Cancellations received less than 60 days prior to the opening show date will be assessed a cancellation free equal to 100% of the total exhibit space rental fee.

## Deposit Information

A nonrefundable and nontransferable deposit must accompany this application in order to be processed. **Deposit of 50% of full space rental is due with application. Balances will be invoiced and are due 45 days before the first day of the selected show .** The balance may be charged to your credit card. Sign below to authorize payment. Any space rental not paid in full 45 days before the first day of the selected show is subject to release and resale. Any new applications, deposits, balances or monies submitted within the 30-day period prior to the move-in day will need to be paid in full and in the form of a money order, certified cashiers check, business check or credit card. Applications received without deposit will NOT be processed.

Enclosed for deposit is a

Check Visa Mastercard

Credit Card #: \_\_\_\_\_

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

Amount to be charged for deposit: \$\_\_\_\_\_

Cardholder name: \_\_\_\_\_

**Sign here to authorize balance to be charged to your credit card 45 days before the first day of the selected Show .**

X \_\_\_\_\_

**I have read and understand the terms and conditions of this application.**

X \_\_\_\_\_