



The Only "Hands-on" Demonstration-Packed Show
Application / Contract / Invoice for Exhibit Space

This application is for exhibit space only and becomes a contract upon acceptance. This agreement is based on exhibit hall floor plan, rates and rules governing the exposition, and constitutes a part of this contract. Show Management reserves the right to change show dates, times, locations, etc. CONSTRUCTION EXPO makes no guarantees as to number of attendees, and exhibitor must advertise/promote his own business at the Expo. EXHIBIT SPACE RENTAL FEE: The rental fee for exhibit space is listed below. Other costs will include move-in / move-out services, utilities, rental of tables, chairs or other booth furnishings, as well as advertising in the Official Show Directory; and such costs are not included in the exhibit space rental fee. Exhibitor must use the Official Show Decorator for ALL show-site services. PAYMENT: Exhibit space may be assigned by completing the Application / Contract for Exhibit Space. All Spaces must be paid for as agreed upon between CONSTRUCTION EXPO and the exhibiting firm, with no refunds after exhibit space is assigned. CONSTRUCTION EXPO is not responsible for what exhibitors showcase. Acceptance of money by CONSTRUCTION EXPO under this contract is not binding upon the Show if said money is returned before acceptance of contract. Verbal agreements or promises made by sales representatives will not be binding on CONSTRUCTION EXPO.

NEW YORK AREA BUYERS' EVENT
JACOB JAVITS CONVENTION CENTER-HALL 3A
655 WEST 34TH STREET, NEW YORK, NY 10001
September 24th & 25th, 2008 (WED/THURS)

Category: _____

Exhibit Space Booth # _____
STD 10x10 = \$2195.00 CORNER 10x10 = \$2495.00
10x20 = \$3595.00 20x20 = \$4995.00
20x30 = \$6995.00 LARGER = \$Negotiable
of spaces ____X ____ = Total _____

EXHIBITING COMPANY: _____ DATE: ____/____/____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ FAX: _____
E-MAIL ADDRESS: _____ WEB ADDRESS: _____
PRIMARY CONTACT NAME: _____ PHONE: _____
SECONDARY CONTACT NAME: _____ PHONE: _____

PAYMENT AUTHORIZATION

PLEASE PRINT CLEARLY

TYPE OF CARD (CHECK ONE): AMERICAN EXPRESS _____ VISA _____ MASTERCARD _____ DISCOVER _____
CREDIT CARD #: _____ EXP. DATE ____/____/____
NAME, EXACTLY AS IT APPEARS ON THE CARD _____
BILLING ADDRESS (Credit Card): _____ CITY: _____ ST: ____ ZIP: _____

AUTHORIZED SIGNATURE: X _____

No Refunds after Exhibit Spaces Are Assigned

Office Use Only:
Amount: _____ Date: _____ Time: _____
Authorization # _____ Batch # _____

Charge Amount \$ _____
Association Fee \$ 25.00
Total Amount \$ _____

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