PLEASE COMPLETE THIS AGREEMENT AND:

March 8th-10th 2024

eo@hbrmea.org Shannon Stelling

HBR, 6100 W. Main St., Maryville, IL 62062

Call the office at (618) 343-6331



Name of company as you wish it to appear on signage and	d promotions. Maximum 35 characters.	
BUSINESS NAME		
CONTACT NAME(S)		
ADDRESS		_
BUSINESS PHONE	MOBILE PHONE	
EMAIL ADDRESS	WEBSITE	
BUSINESS CATEGORY LISTING (3 Maximum)		
We do our best to make every request, however, there will be	E Booth Request NO GUARANTEED BOOTH PLACEMENT. Nor does placement at previou will be assigned based on show size, availability and competing vendors.	s shows
	EXHIBITOR INVESTMENT	
UNDERSTAND that HBR reserves the right to elease any booths not secured by payment in full. have read and agree to the terms and requirements sted "In the Know" and Rules & Regulations rovided in this packet. understand neither HBR, nor Belle~Clair airgrounds & Expo Center is responsible for ersonal injury, damage or loss of merchandise or ersonal property while exhibiting at the show. IBR reserves the right to accept or refuse any endor based on reputation or acceptability of herchandise. However, we do not guarantee the sclusion of any like business or product. No credit or refunds are offered after December 1, 2024.	\$5,000 Event Sponsor Inc 2 Gold \$1,000 Industry Opening Night Sponsor \$1,000 Exhibitor Hospitality Sponsor \$500 BAHS Adopt a Pet Sponsor \$800 per HBR Member Inside booth 10 \$1000 per Non-HBR Member Inside both 10x10 Each Booth Yes No 110v Electric Certificate of Insurance Enclosed with HBR listed as additional insured (must be received prior to move-in NO EXCEPT)	ox 10 both
,	\$TOTAL INVESTMENT (Due by Dec 1,	2023)
ignature Date	Amount enclosed \$ (min. of 50% due with app	lication
the individual signing this contract warrants that he/she has been duly athorized to execute this binding agreement and the exhibitor will continue to fulfill these terms even if the individual ceases to be part of the exhibitor's company.	Payment Method: Check Enclosed Visa/MC* *credit card payments will include an additional 4% convenience fee	
	Credit Card Number: (MasterCard and Visa are accepted)	
ach Exhibitor needs to provide an Item \$50	Exp. Date CVC# Billing Zip Code	
Value. Product, or Gift Card to be given away		
uring EXPO, Please Provide during set up.	Signature of Card Holder	