

exhibitor registration

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

Canton Regional Chamber member? Y N

Company name as it should be listed for signage, advertising & program listing:

For promotional purposes, please describe your business in 25 words or less.

BOOTH LOCATION REQUEST (first through third choices from floor plan, see reverse) To reserve booth space, payment in full must accompany this Participation Agreement.

1st _____ 2nd _____ 3rd _____

EXHIBITOR BOOTH

8 x 8 area includes one 6' table, tablecloth & skirt, one chair, \$200 Repository advertising voucher, five event passes

\$299 Member \$449 Non-Member

8 x 16 area / Double booth includes two 6' table, tablecloths & skirts, two chairs, \$400 Repository advertising voucher, 10 event passes

\$449 Member \$599 Non-Member

Please email marketing@cantonrep.com for pricing on custom booth spaces.

ATTENDEE BAG INSERT

minimum 1,000 pieces

\$100 Exhibitor \$ _____
 \$250 Non-Exhibitor \$ _____

EVENT PASSES

Includes entry into the exhibition hall and access to all programming (does not include entry to breakfast, lunch or after hours)

____ # of event passes x \$2 = \$ _____

BREAKFAST TICKETS

reservation required

____ # of tickets x \$18 = \$ _____

LUNCHEON TICKETS

reservation required

____ # of tickets x \$25 = \$ _____

NETWORKING AFTER HOURS

reservation required

____ # of tickets x \$7 = \$ _____

ADDITIONAL NEEDS

____ Extra chairs @ \$5 ea. \$ _____

____ Extra 6 ft. table @ \$15 ea. \$ _____

____ Extra table cover & skirt @ \$31 ea. *white in color*
\$ _____

____ Electricity @ \$30 \$ _____

____ 8' x 8' carpet @ \$65 \$ _____

____ Wastebasket(s) @ \$3 \$ _____

TOTAL COST \$ _____

PAYMENT OPTIONS

All fees must be paid in full in order to reserve a booth.

- Check/Money order made payable to **The Repository**
- Credit card

VISA / MC / AMER EX / DISC accepted. In order to securely process any credit card payments, please direct all credit card processing to StarkB2BExpo.com or by calling The Repository finance department at 330-580-8463.

RETURN TO THE REPOSITORY, Attn: Marketing Department, 500 Market Ave. S., Canton OH 44702 or fax to 330-580-2122.

We understand that: 1) Booths are assigned on a first-come, first-serve basis upon receipt of payment in full. The Repository and/or Canton Regional Chamber of Commerce have the right to decline any application or refuse any exhibitor which is not in keeping with the character of the event for any reason. 2) We understand a \$50 cancellation fee will be assessed for cancellations received up to October 13, 2011 and no refund will be given for cancellation received after October 14, 2011.

For good and valuable consideration, the undersigned hereby agrees to indemnify, defend and hold free and harmless the Canton Regional Chamber of Commerce, The Repository, sponsors, and each of their agents, employees, officers and directors, from and against any and all causes of actions, claims, liabilities, assertions of liability, losses, costs and expenses including, but not limited to attorney fees, which in any manner may arise or be alleged to have arisen, or resulted, or alleged to have resulted from the presence, activities, and promotions of any nature whatsoever or otherwise of the undersigned, its agents or employees, on or adjacent to the premises known as the Cultural Center for the Arts, including, but not limited to, claim or claims for bodily injury or death of persons, and for loss of or damage to property, including claims or loss by the Canton Regional Chamber of Commerce, The Repository, sponsors, and their agents, employees, officers and directors. As an exhibitor, sponsor, landscaper, participant or part of a display at the Business 2 Business Expo, we agree to the above terms and agree to abide by the rules and regulations of the Business 2 Business Expo.

REPRESENTATIVE SIGNATURE:

DATE:

Office use only
Date/time: _____
Source: _____