KNITTERS MARKET CONTRACT

Please complete the contact information below. This person will receive all exhibitor correspondence.

Company Name: _____

Contact Person: _____

Title: _____

Address: _____

_____

City: _____ ***State:*** _____ ***Zip Code:*** _____

Phone: _____ ***Fax:*** _____

E-mail: _____

Booth costs: ❑ **10' x 10'** - $495 ❑ **10' x 20'** - $895 ❑ **10' x 30' -** $1,295 ❑ **10' x 40' or 20' x 20' -** $1,695
❑ **Table only:** $250

Booth Choices – Every effort will be made to assign a booth according to your preferred choices.

1st _____ **2nd** _____ **3rd** _____ **4th** _____

We prefer not to be located close to the following companies:

_____

In your booth

Knitters Market provides a space 10' deep by 10' wide, one chair, one wastebasket and two tables.

Product/Services Description

Please provide an optional 25-word description of your exhibit display and products that will be included in the on-site Knitters Market Guide. Descriptions must be submitted no later than **1 May 2010** to be included within the program. Please e-mail your descriptions to kc@meinet.com. Please note PRODUCTS/SERVICES DESCRIPTION in subject line.

Payment of Fees

Booth space will be assigned when payment is received. Exhibit fees must be paid by check (US Dollars) or credit card (MasterCard or Visa). Please make checks payable to the Knitters Connection.

In accordance with the terms, conditions and regulations governing exhibits at the Knitters Connection Market (KC) at Columbus Convention Center 16 - 19 June 2010, the undersigned hereby makes application for exhibit space that when accepted by Knitters Connection becomes a contract. All rules and regulations as outlined in the 2010 exhibit prospectus, as well as any amendments published by KC are part of this contract. Failure to abide by such rules and regulations results in forfeiture of all monies paid or due to KC under terms of this agreement.

Signature **Date**

Payment Information

❑ Payment Enclosed. Please make check payable to Knitters Connection.

❑ Please charge credit card: ❑ MasterCard ❑ Visa

Card #: | | | | | | | | | | | | | | | | |

Exp. Date: _____ **Name on card:** _____

Signature: _____

For Office Use Only

Date Rec'd:_____

Check #:_____

Amount: _____

Booth #: _____

PLEASE SEND COMPLETED APPLICATION AND PAYMENT TO:
Knitters Connection ● PO Box 2307 ● Dayton, OH 45401-2307
Phone:937.586.3730 ● Fax: 937.586.3699