



Exhibitor Application

Please complete all information in the sections that apply to your participation in the Show.

If you have any questions about this form, please contact us at (509) 218-6519.

Please mail all completed information with deposit payment to:

Rachael Swanson-health*beauty spa show

14812 W Thorpe Rd
Medical Lake, WA 99022

A. Your Information

Company Name: _____

Contact Name: _____

Phone:_____ Fax:_____ E-mail:_____

UBI # _____ (required if you sell anything on site cash & carry)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Product or Service Description _____

On Facebook ____yes ____no Website address:_____

Would you like invite postcards to hand out or mail? 100 handout 50 mail

VIP Super Spa Diva Show Special Offer _____

Are you participating in the Spa Treatment Program, offering free sample treatments for attendees with tickets?
____yes ____no If yes, please submit the supplemental Spa Treatment application.

Are you offering health or beauty services for cash payment at the show?
____yes ____no If yes, please submit the supplemental Spa Treatment application.

How many Exhibitor Badges (up to 4 provided, additional badges \$4 each) will you need? ____

Would you interested in a Tri Cities health*beauty spa show?
____yes ____no ____maybe check with me later

Would you interested in the all new Natural Living show (eco home * garden * body)?
____yes ____no ____maybe check with me later

B. Booth Registration

(discount stated prices by \$20 if registered and paid in full by September 1)

Indicate which type of booth you wish to reserve:

Premium locations are 3x the traffic, include power and table and are available while supplies last

8x10 Basic Booth	_____ \$250	8x20 Basic Booth	_____ \$455
8x10 Premium Booth	_____ \$420	8x20 Premium Booth	_____ \$670
10x10 Premium Booth	_____ \$470	10x20 Premium Booth	_____ \$720
Booth Electrical Service (basic only, included with premium)	_____ \$40		
6' Skirted table (1 included with Premium booth)	_____ \$45		
Booth ID Sign (<i>required if you don't have signage</i>)	_____ \$10		
Basic Corner location (closer to front, corner exposure best basic booths)	_____ \$50		
Chairs	Quantity _____	\$2 each	
Additional Badges (4 included)	Quantity _____	\$2 each	
Show E-mail Featured Vendor	Quantity _____	\$25 each	
Exhibitor Hotlink _____	\$25	Homepage 1 year Banner Ad \$100 _____	Other page Banner Ad 1 year _____ \$50
Regionally Exclusive Advertised Pre-sale pass outlet 50 passes	_____	\$750	
Show Guide Ads			
_____ 1/3 page	\$125	_____ 1/2 page	\$175
_____ 2/3 page	\$225	_____ Full page	\$275
_____ Back cover	\$325		

Payment terms are a \$100.00 (min.) non-refundable deposit with submission of this application or **paid in full for the \$20 discount**. Balance checks may be post dated for December 1, and be considered paid in full.

Section Totals:

Exhibitor Application	Total \$ _____
Early \$20 Discount <i>(deadline 9/1)</i>	-\$ _____
Spa Treatment new \$100 off each booth OR	-\$ _____
Spa Treatment Credits for returning exhibitors	-\$ _____
	Total \$ _____

Please find my deposit check enclosed for the amount of \$ _____

Make all checks payable to: **Rachael Swanson-health*beauty spa show**
14812 W Thorpe Rd
Medical Lake, WA 99022

health*beauty spa show EXHIBITOR CONTRACT

In accordance with the Conditions & Regulations the undersigned hereby makes application for exhibit space(s) at the **health*beauty spa show**. This application, once accepted by the Show Management, becomes both a Contract and an Invoice. THIS AGREEMENT ("Contract") is made this _____ day of _____ 20____ by and between Rachael Swanson, dba; health*beauty spa show ("Promoter") and _____ ("Exhibitor").

Conditions & Regulations

Creative Edge Marketing (herein called "Management") and Spokane Community College Lair (herein called the "Show Grounds") and the **health*beauty spa show January 5-6, 2013** herein called "The Show".

1. Once the Show Grounds has placed the exhibit space at the disposal of the Management, the Management shall make available to the applicant for the period of the Show the space applied for.
2. Subletting of space by the exhibitor is prohibited. Sharing or other use of the space not specifically authorized by the Management is prohibited.
3. No signs or advertising devices shall be displayed outside space other than those furnished by sponsors and allowed by Management. Displays blocking the unobstructed view from space to space are prohibited. If display is more than 36" high, such higher section of display cannot extend out-wards along the side rails. No displays or signs may be affixed to building walls or posts.
4. No wiring or other electrical work or carpentry work shall be done except by either Show Grounds employees or firms so designated by the Management.
5. All live exhibits must be confined in suitable containers or fencing that provides a clear and unobstructed view of the contents and live exhibits therein. Exhibitors assume all liabilities and/or obligations caused by faulty or improper displays.
6. Exhibitors shall abide by and observe all laws, rules, and regulations of the State of Washington and the City and County of Spokane, and departments thereof and all rules of the Show Grounds.
7. Exhibitors shall not use any flammable decorations or covering for display fixtures and all fabrics or other material used for decoration or covering of tables and/or risers shall be flameproof.
8. Once a contract is accepted - Exhibitors shall not be entitled to a refund of any part of any fee should the exhibitor for any reason be unable to exhibit at the Show, or cancel any space previously contracted for. Exhibitors who are unable to exhibit at the Show, or cancel any space previously contracted for, may request in writing that any monies on account with Management (less a \$100 administrative fee if cancellation request is made less than 30 days prior to the Show) be held for next year's event. Credit expires after 1 year. No credit or refund will be given for no shows or cancellations within 7 days of the event. Returned checks will be charged a \$25 fee.
9. If an exhibitor fails to make payments due herein when they are due, late fees of \$2 per day are charged and such exhibitor's rights to exhibit may be canceled by the Management without further notice.
10. Management has the option to cancel or reassign the exhibit space of any exhibitor who has not complied with payment terms stated on this application. Such exhibitor shall not be entitled to a refund of any part of any fee and shall be responsible for any unpaid balance due. The Management shall be entitled to close an exhibit at any time for failure by any exhibitor or any of their officers, agents, employees, or other representatives to perform, meet, or observe any term or condition set forth herein, and such exhibitor shall not be entitled to a refund of any part of any fee.
11. Management reserves the right to alter or change the space assigned to an exhibitor, to alter or remove exhibits or any part thereof, including printed materials, product, signs, lights or sound, and to expel exhibitors or their personnel if, in Management's opinion, their conduct or presentation is objectionable to other Show Participants.
12. Management reserves the right to cancel this contract and to withhold possession of exhibit space at Management's discretion, and/or if the Exhibitor fails to perform any material condition of the contract or refuses to abide by Show rules and regulations.
13. If the Expo should be cancelled by Show management for circumstances beyond it's control, i.e., Act of God, Act of War, government emergency, labor dispute, or the unavailability of the expo site for any reason, Show Management will refund each exhibitor their paid booth space rental fee, less a percentage equal to the costs incurred by the Show Management to date. All liabilities of Show Management to the exhibitor would be ended with this refund. In no case shall the amount of refund to the applicant exceed the amount of the exhibit fee paid.
14. Neither the Management, the Show Grounds nor any of their officers, agents, employees or other representatives, shall be held accountable or liable for, and the same are hereby released from accountability or liability for any damage, loss, harm or injury to the person or any property of the applicant or any of its officers, agents, employees, or other representatives, resulting from theft, fire, water, accident or any other cause, and neither the Management nor the Show Grounds will obtain insurance against any such damage, loss, harm or injury. Exhibitor shall be liable for any damage to the show grounds caused by the exhibitor and fees incurred to repair such damages caused by the exhibitor.
15. Exhibitor shall defend, indemnify and hold harmless Creative Edge Marketing, the health*beauty spa show and its designated agents, employees and/or contractors, from and against any and all claims, losses, damages, injuries, penalties, governmental charges or fines in any amount arising out of or caused by exhibitor's use of the premises, the conduct of exhibitor's business or from any activity or work done, permitted or suffered by exhibitor in or around the premises, including but not limited to, the installation, operation, maintenance or removal or exhibits.
16. Any photos, video, or audio taken by management at the Show is the property of management and can be used by show management for any form of advertising or promotion.

Authorized Signature

Date of Application



Spa Treatment Supplemental Application

(Required only for exhibitors who plan to participate in the \$100 discount sample health or beauty treatment program)

Please complete all information and submit with your exhibitor application.

This application is only required to be completed once for inclusion in future events.

If you have any questions about this form, please contact Rachael at (509) 218-6519.

Your Practice/Product

Company Name: _____ Contact Name: _____

Your ticketed only samples you will offer for 1 ticket and not require additional cash or take cash in lieu of ticket (must take 10 minutes or less to perform):

Services you will perform for cash and the cost of each treatment:

Does your booth need to be located near the restrooms for easy access to water?

Yes No

Will booth staff apply lotions, tonics, creams, or oils to the face or body of participants?

Yes No

Will booth staff be performing full service treatments for payment also?

Yes No

Name of the person applying product to the consumer: _____

State Licensed in: _____ License number: _____

Certification: _____

Education/Training (include title): _____

Do you carry liability insurance? Yes No

Name of Insurance Company _____

Policy # _____