PHILADELPHIA FOOD & WINE FESTIVAL
APPLICATION FOR EXHIBIT SPACE

PLEASE PRINT OR TYPE BELOW

OCTOBER 29-31, 2010

VALLEY FORGE CONVENTION CENTER

2010 SHOW TIMES

Friday, October 29
4 PM - 8 PM
Saturday, October 30
11 AM - 7 PM
Sunday, October 31
11 AM - 3 PM

PAYMENT SCHEDULE

A deposit of one half the total cost for the requested space is due with the signed application.

The balance is due on or before August 1, 2010.

$50 surcharge for balance paid after August 1, 2010.

Full payment is due on applications received after August 1, 2010.

Exhibit Space contracted is subject to cancellation unless full payment is received by the deadline.

COMPLETE THIS APPLICATION AND MAIL TO:

One Step Events, LLC
300 Wesley Avenue
Ocean City, NJ 08226

OR FAX TO:

609.398.4547

QUESTIONS?:

609.398.4450
info@gourmetshows.com

A COPY OF YOUR APPROVED APPLICATION WILL BE MAILED OR FAXED TO YOU AFTER IT HAS BEEN ACCEPTED BY ONE STEP EVENTS AND BOOTH SPACE HAS BEEN ASSIGNED.

COMPANY INFORMATION

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Website Address: _____ E-Mail Address _____

Name _____ Title _____ Date _____

AUTHORIZED SIGNATURE: _____

By signing above, the individual signing this contract represents and warrants that she/he is duly authorized to execute this binding contract.

YOUR PRODUCT DESCRIPTION

_____

_____

EXHIBIT FEES

$1475.00 PER 10' X 10' BOOTH • $1575.00 CORNER BOOTH

The rental fee for the exhibit space includes a 10 x 10 floor space; standard pipe and drape; and a standard company sign. The fee also includes one 6 ft table; 2 chairs; waste basket; and web link.

We require _____ booths at $1475 per booth $ _____

_____ Corners (add $100 per booth) $ _____

Upper Merion Twp Itinerant Merchant Tax* ($40 per vendor) $ _____

Subtract $75, as we (check applicable box): $ _____

- ❑ Are purchasing our exhibit space before May 15, 2010; and/or
- ❑ Do not need the 6 ft table for our exhibit space.

Total Payment Due = $ _____

DEPOSIT DUE: 50% (Balance Due by 08/1/10)

**Tax is only for participants who are selling at show site*

PAYMENT

Check appropriate box and fill in required information:

❑ MasterCard ❑ Visa ❑ AmEx ❑ Discover

Expiration Date: _____

CVV2: _____ *This is the 3- or 4-digit number that can be found on the back side of your credit card in the signature area.*

Name on Card: _____

CANCELLATION

Cancellations must be submitted in writing, and will be subject to the following cancellation clause and schedule:

Before August 1, 2010—50% of exhibit rental is due; After August 1, 2010—100% of exhibit rental is due.

FOR ONE STEP EVENTS USE ONLY

Exhibit space: _____ Date Received: _____ Total Due: _____

Date assigned: _____ Check#: _____ Amount: _____

Authorized by OSE: _____