

EXHIBIT SPACE CONTRACT

2012 NATIONAL HIGH SCHOOL BASEBALL COACHES ASSOCIATION TRADE SHOW

Millenium Hotel, St. Louis, MO

November 29-December 2, 2012

This contract for exhibit space at the 2012 BCA Trade Show indicates the applicant's willingness to abide by all accompanying exhibit guidelines and general regulations, as well as such additional rules and regulations as the management deems necessary to the success of the trade show, provided they do not materially alter the exhibitor's contractual rights.

A check full amount of booth costs must be mailed with this contract to the **BCA, P.O. Box 12843, Tempe, AZ 85284 (Nov. 13th)**, in order to secure exhibit space. (We will also accept full payment with contract). Booth assignments will be made on the basis of choice as nearly as possible according to the date this contract and full payment is received.

PRICE AND SPACE DIMENSIONS:

Booth: 8' x 8' \$ 475

Plaza: 16' x 8' \$ 900 (Two booths side by side)

Booth includes: draperies (back wall-side rail), aluminum framework, exhibitor identification sign, one table, two chairs, & one wastebasket. **Electrical outlet: \$125 extra - Extra Table: \$30**
(note: if any exhibitor overloads an outlet or circuit (120V) and causes damage, the exhibitor will be held responsible for damages and will pay hotel directly for the cost to repair).

Exhibit Hall

Set-up Day & Time:	Thursday, November 29 th	12:00 PM – 4:30 PM
Trade Show Days:	Thursday, November 29 th	5:00 PM-8: 30 PM (with reception)
	Friday, November 30 th	8:30 AM – 5:30 PM
	Saturday, December 1 st	8:30 AM – Noon
	November 30 th -December 2 nd	8:45 AM – 5:00 PM
Clinic Days (speakers):	November 30 th -December 2 nd	8:45 AM – 5:00 PM
Hall of Fame Dinner	Friday, November 30 th	6:00 PM - 8:30 PM

Upon assignment of a booth(s), Hollis will forward the exhibitor **Service Kit** and complete shipping and storage instructions and a price list of items that may be rented as booth furnishings.

Exhibitor Information: Company Name _____

Mailing address: _____ City _____ ST _____ Zip _____

Product Description _____ Phone () _____

Fax () _____ e-mail _____

Confirmation & Exhibitor Service Kit should be sent to:

_____ Contact Person _____ Mailing address (if different than above)

My Company will provide _____ for the clinic drawings.

PLEASE INDICATE CHOICES IN DIFFERENT SECTIONS TO FACILATE ASSIGNMENTS

Booth Number(s)	Rental Fee	Booth Number(s)	Rental Fee	Total Cost \$ _____
1 st Choice _____	_____	3 rd choice _____	_____	Electrical outlet _____ (\$125)
2 nd Choice _____	_____	4 th Choice _____	_____	

Amount Owed _____

BOOTH IDENTIFICATION SIGN (limited to exhibitor's name, city, state, and booth number):

(Name on sign)

REPRESENTATIVES TO RECEIVE REGISTRATION BADGES

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Print Name _____ Signature _____ Date _____ Title _____

*Decoration Services – TBA