

EXHIBIT SPACE CONTRACT

2017 NATIONAL HIGH SCHOOL BASEBALL COACHES ASSOCIATION TRADE SHOW

Loews Ventana Canyon Resort, Tucson, AZ

Nov. 30 – Dec. 3, 2017

This contract for exhibit space at the 2017 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: 6' x 10' \$ 475
Plaza: 6' x 20' \$ 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 30	12:00 PM – 5:00 PM
Trade Show Days:	Thursday, November 30	5:00 PM-8: 30 PM (with reception)
	Friday, December 1 st	8:15 AM – 5:00 PM
	Saturday, December 2 nd	8:15 AM – Noon
Clinic Days (speakers):	December 1 st - 3 rd	8:45 AM – 5:00 PM
Hall of Fame Dinner	Friday, December 1 st	6:00 PM - 8:30 PM

(one free dinner ticket for exhibitor-upon request)

Ventana Canyon Resort room rate is \$109 for convention. Reservations need to be made before **Nov.1** to get special room rate. Call 520-299-2202 for you room reservations

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 We do accept credit card payments over the phone