



2019 Contract Application for Exhibit Space

Charleston Area Convention Center | Charleston, SC

October 2019 | Exhibit Dates TBA, 2019

EXHIBITOR INFORMATION

Member of: CETA PWNA Both

Company Name: _____

Physical Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Phone: _____ Fax: _____

Company email: _____

Company website: _____

CONTACT INFORMATION

(for further exhibit correspondence, including booth confirmation & Exhibitor Manual)

Contact Name: _____

Title: _____

Mailing Address (if different): _____

City: _____ State: _____

Zip: _____ Country: _____

Email: _____

Direct Phone: _____

EXHIBIT BOOTH RATES

| PRICE PER SQUARE FOOT: | Rate |
|---|------------|
| First 100 Sq. Ft. of Exhibit Space (10x10 Booth Space) | \$18.80 |
| Each addition square foot of Exhibit Space will be charged at | \$17.60 |
| Exhibitor Contracts received after May 1st, 2019, will incur a \$100 Late Processing Fee. | |
| PREMIUM FEES: | |
| Corner Booth | \$275.00 |
| Peninsula Booth | \$475.00 |
| Island Booth | \$1,050.00 |

BOOTH CHOICES

Booth size: _____ ft. x _____ ft. (Minimum size = 10'x10')

Booth Selection:

Exhibitors will be contacted by mid-January 2019 for Booth

Premium type (check box):

Corner Peninsula Island

We, the undersigned, do hereby apply and authorize CETA to reserve exhibit space in *POWERCLEAN 2019*. We acknowledge that we have read the Rules and Regulations and agree to abide by the Rules and Regulations which are made part of this contract, and any revisions, receipt of which is hereby acknowledged.

Print Name _____

Title _____

Authorized Signature _____

Date _____

FOR CETA USE ONLY

Date Rec'd _____ Deposit Rec'd _____ Balance Due _____ Balance Rec'd _____

Booth Size _____ Booth Assigned _____ Attendee Reg Rec'd _____

BOOTH PRICING

| Check desired Booth Size | Booth Price |
|--|-------------|
| 10 x 10 Standard | \$1,880.00 |
| 10 x 10 Corner | \$2,155.00 |
| 10 x 20 Standard | \$3,640.00 |
| 10 x 20 Corner | \$3,915.00 |
| 20 x 20 Island | \$8,210.00 |
| 20 x 30 Island | \$11,730.00 |
| 30 x 30 Island | \$17,010.00 |
| <small>\$100 Late Processing Fee for Contract Received after May 1, 2019</small> | |
| Enter TOTAL DUE for Exhibit Space | |

Payment Schedule

| Payment Schedule | Payment Amount |
|---|----------------|
| 50% Deposit Due with Contract | \$ 0.00 |
| Total Balance Due by May 1 st , 2019 | \$ 0.00 |
| <small>After May 1, 2019, 100% Due with Contract, plus, a \$100 Late Processing Fee</small> | |

Please remit by company check or Credit Card in U.S. Funds.

Mail checks to (payable to PWNA):
PO Box 185, Bellevue, OH 44811

Credit Card Payment: Amount: _____

AMEX VISA MasterCard

Card Number: _____

Exp. Date: _____ CVC: _____ Billing Zip Code: _____

Print Name on Card: _____

Authorized Signature: _____

Email to send receipt to: _____