



**EXHIBIT APPLICATION/CONTRACT**  
**Wednesday, July 29 – Friday, July 31, 2020**

**South Point Hotel**  
**Las Vegas, Nevada**

**Meeting Expectations**  
**3525 Piedmont Road NE, Building 5, Suite 300**  
**Atlanta, GA 30305**  
**Phone: 404-240-0999 • Fax: 404-240-0998**  
**www.bcaexpo.com**

We hereby apply for exhibit space in the BCA Expo 2020, to be conducted on the dates shown above. We understand that upon acceptance by Expo Management, this application becomes a contract, under the terms and conditions set forth here and in the Exhibitor Regulations, which we have read, understand and accept. We understand that any change in the information in this contract must be made in writing to Expo Management, and that signing this application indicates that we accept this form to be legal and binding. By completing this Exhibit Application/Contract, we agree and consent to receive all fax and/or e-mail communications and advertisements sent by or on behalf of Expo Management, Expo Contractors and Service Providers.

A. Please indicate preferred booth number/location: Choice: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

B. Type of booth space preferred:     In-Line             Island             Peninsula             Perimeter

C. Preferred Dimension:    Depth \_\_\_\_\_ x Width \_\_\_\_\_ = Total Square Feet \_\_\_\_\_

D. Total Square Foot Booth Cost (10% deposit must be submitted with contract before exhibit space is selected).

<b>Categories 1, 2, 3 BCA Member</b> <i>Submitted before 12/31/19</i>	<b>Category 4 BCA Member</b> <i>Submitted before 12/31/19</i>	<b>Non-BCA Member</b> <i>Submitted before 12/31/19</i>
\$1545 per 10'x10'booth (# addt'l. booths ____ x \$1545) \$200 per corner	\$1845 per 10'x10'booth (#addt'l. booths ____ x \$1545) \$200 per corner	\$2045 per 10'x10'booth (# addt'l. booths ____ \$1545) \$200 per corner
# booths _____	# booths _____	# booths _____
# corners _____	# corners _____	# corners _____
<b>TOTAL    \$</b>	<b>TOTAL    \$</b>	<b>TOTAL    \$</b>

By selecting the member rates above, I agree to be an active BCA member in 2020. In the event that my 2020 BCA membership dues are not paid by Friday, March 20, 2020, BCA is authorized to use the credit card and information included to charge the amount of the dues invoiced.

**Payment Terms** - Failure to meet these terms will result in loss of booth reservation, and exhibitor is subject to cancellation fees.

\_\_\_ 15% deposit of total space contracted must be submitted with signed contract.

\_\_\_ 50% of the total space contracted due by February 6, 2020.

\_\_\_ 100% of the total space contracted due by April 2, 2020.

**NOTE: If nothing is checked to indicate authorized payment, your credit card will be charged based on the payment schedule indicated above.**

All checks must be payable in U.S. Funds to BCA Expo. Check # \_\_\_\_\_ Credit Card \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Amex

Name on Credit Card \_\_\_\_\_ Deposit Total \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Address (City, State, Zip) on Credit Card: \_\_\_\_\_

Signature on Credit Card \_\_\_\_\_

Your signature indicates that you accept all charges on above named credit card and consider this form to be legal and binding.

**PLEASE ADDRESS ALL BCA EXPO CORRESPONDENCE TO:** Please make a copy of your Exhibit Application/Contract.

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Please make a copy of your application for your records. SEND CONTRACT TO CHRISTINE AT [CHILGERT@MEETINGEXPECTATIONS.COM](mailto:CHILGERT@MEETINGEXPECTATIONS.COM)

**YOUR EXHIBIT SIGN AND DIRECTORY LISTING WILL BE PRINTED USING THE INFORMATION PROVIDED BELOW. IT IS IMPERATIVE THAT YOU PRINT OR TYPE THIS INFORMATION IN ORDER TO AVOID ERRORS. EXPO MANAGEMENT IS NOT RESPONSIBLE FOR ERRORS IN THE SHOW DIRECTORY LISTING.**

**Please Print Clearly**

Exhibitor Applicant Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Company Description** (up to 50 words): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Company Key Personnel** – (Limit of 4 People)

Company Key Personnel below is for insertion of the Official Show Directory. **Exhibitor badges must be ordered separately at [www.bcaexpo.com](http://www.bcaexpo.com)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

<b><u>Product Category</u></b>		
<input type="checkbox"/> Accessories	<input type="checkbox"/> Billiard Tips, Scuffers, Shapers	<input type="checkbox"/> Lighting/Light Fixtures
<input type="checkbox"/> Apparel	<input type="checkbox"/> Casual Furniture/Products	<input type="checkbox"/> Massage Chairs
<input type="checkbox"/> Art/Wall Décor	<input type="checkbox"/> Coin-Operated Machines	<input type="checkbox"/> Outdoor furniture/Patio/Grills
<input type="checkbox"/> Association Services	<input type="checkbox"/> Cue Care/Maintenance Products	<input type="checkbox"/> Poker chips/Tables/Accessories
<input type="checkbox"/> Bars/Barstools/Bar Miscellaneous	<input type="checkbox"/> Cue Cases, Racks, Stands	<input type="checkbox"/> Promotional Items/Executive Gifts/Trophies
<input type="checkbox"/> Billiard Balls	<input type="checkbox"/> Cues	<input type="checkbox"/> Publications/Websites/ Research
<input type="checkbox"/> Billiard Books, Video Tapes, DVD's	<input type="checkbox"/> Darts & Dartboards	<input type="checkbox"/> Shuffleboard
<input type="checkbox"/> Billiard Chalk & Talc	<input type="checkbox"/> Design & Consulting	<input type="checkbox"/> Signs & Neon
<input type="checkbox"/> Billiard Cloth	<input type="checkbox"/> Entertainment Centers/ Wall Units	<input type="checkbox"/> Theater Seating
<input type="checkbox"/> Billiard Furniture	<input type="checkbox"/> Games/Game Tables	<input type="checkbox"/> Other _____
<input type="checkbox"/> Billiard/Pool/Carom-Slate	<input type="checkbox"/> Insurance	_____
<input type="checkbox"/> Billiard Table Supplies	<input type="checkbox"/> Jukeboxes & Sound Systems	_____
Accessories/Repair		

**SEND CONTRACT TO CHRISTINE AT [CHILGERT@MEETINGEXPECTATIONS.COM](mailto:CHILGERT@MEETINGEXPECTATIONS.COM)**

**Deposits**

The deposit is 15% of the total contracted booth space.

**Deposits must be paid before booth selection.**

Deposits will be applied to the first payment due and are non-transferable.

**Cancellations & Refunds**

All cancellations must be in writing. Cancellation fees are non-transferable.

Before COB 12/31/19

All but \$250 per booth will be refunded

1/1/20 – 3/1/20

All but \$500 per booth will be refunded

After 3/1/20

No Refunds

By completing this Exhibit Application/Contract and signing below, we agree and consent to receive all fax and/or e-mail communications and advertisements sent by or on behalf of Event Management, Event Contractors and Service Providers.

Print Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

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