



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: 1st _____ 2nd _____ 3rd _____ 4th _____

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).

<u>Categories 1, 2, 3 BCA Member</u> <i>Submitted after 12/31/19</i>	<u>Category 4 BCA Member</u> <i>Submitted after 12/31/19</i>	<u>Non-BCA Member</u> <i>Submitted after 12/31/19</i>
\$1645 per 10'x10'booth (# addt'l. booths ____ x \$1645) \$200 per corner	\$1945 per 10'x10'booth (# addt'l. booths ____ x \$1645) \$200 per corner	\$2145 per 10'x10'booth (# addt'l. booths ____ \$1645) \$200 per corner
# booths _____	# booths _____	# booths _____
# corners _____	# corners _____	# corners _____
TOTAL \$	TOTAL \$	TOTAL \$

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

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**

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

<u>Product Category</u>		
<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		

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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
1/1/20 – 3/1/20
After 3/1/20

All but \$250 per booth will be refunded
All but \$500 per booth will be refunded
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:

SEND CONTRACT TO CHRISTINE AT CHILGERT@MEETINGEXPECTATIONS.COM