

Wedding Professionals

Business Conference

OFFICE USE ONLY

LDGR		REP	
DB		SS	
INV		PD	

Wednesday, November 18, 2009

Plano Centre, 2000 E. Spring Creek Parkway, Plano, TX 75074

Company Name: _____

(as needed on sign, 30 characters maximum)

List what you will be promoting in the show: _____

NOTE: Two separate companies may not share the same single booth in any manner!

Company Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phones: Office () _____ **Fax** () _____ **Cell** () _____

Email: _____

Exhibiting Contract includes:

- Skirted table (please check one)
 6 foot 8 foot
- One free meal ticket* (breakfast, lunch, snacks)
 Regular Vegetarian
- 7" x 44" b/w company name sign
- Electronic List of Registered Attendees
(to be delivered 1-2 weeks after event)

10 x 10 Booth = \$650.00

10 x 20 Booth = \$1,200.00

An exhibitor package will be mailed including forms for:

- Electricity—to be ordered through the Plano Centre
- Additional Decorating services—available through American Trade Shows, Inc. (ATSI). Facility is carpeted.

*Additional Meal Tickets:

If you would like to purchase additional meal tickets please calculate below. Visit www.weddingbusinessconference.com for complete menu. Deadline for additional tickets: **Nov. 6, 2008**

Qty. _____ x **\$43.00** = \$ _____

Indicate below those using meal tickets.

*Additional Attendees	Name	Regular Meal	Vegetarian Meal
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

Payment must accompany this form. A certificate of insurance will be required prior to the show. I/We understand that space is assigned on a first-come basis and no verbal agreement to hold a specific space is binding. I/We understand that a space will be assigned for the best interest of the show and all participants. I/We understand that no other product/services will be allowed except those stated above without express written permission of the show management. All cancellations must be given in writing. I/We understand that there will be no refunds after September 18, 2009.

Signature _____ **Date** _____

Make checks payable to:

Bridal Shows, Inc.
P.O. Box 600, Addison, TX 75001
(972)713-9920 Fax (972)713-9996

Credit Card: MC Visa Amex

Card # _____

Card Issued to _____

Exp Date ____/____/____ **Authorized Amt** _____ \$

Card-Holder Signature _____

Billing Address _____

City _____ **State** _____ **Zip** _____

Check mailed (date) ____/____/____ **Ck #** _____

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TOTAL COST	Booth ____ + Meals ____
Deposits	
Balance	