

## **COMPANY INFORMATION:**

This Representative will be contacted for all program details, finalizing of booth personnel and for decorator/electrical needs. Please print or type. Company Name (Exactly as you wish it to appear in Printed Materials and on Exhibit Sign)\_\_\_\_\_ Address: City, State, Zip: O: C: Full Name: \_\_\_\_\_ **READ BEFORE SIGNING:** Exhibitor's signature on this contract indicates acceptance of the Rules and Regulations provided with this contract and is an agreement to pay the total amount due. The person signing this contract on behalf of the exhibitor has the authority to do so and is responsible for employees' adherence to the Rules and Regulations. Signature: \_\_\_ Company and/or Product Description (Will be included on MRCA Website & Expo Mobile App (Can also be emailed to rpinkus@mrca.org)

## **PAYMENT INFORMATION:**

Applications will be accepted as long as space is available. A signed contract is considered an agreement to pay the total amount due. To qualify for the Member Rate, the exhibiting firm needs to be an active member in good standing at the time of conference. If membership dues are not current, you will be billed at the higher rate.

Payment Schedule: 25% of the booth fee is due with the Exhibitor Contract if submitted before January 31, 2018. 50% of the booth fee must be submitted by April 30th and 100% is due by September 15th. Booth space must be paid in full before being permitted to set-up exhibit.

**Space Cancellation:** The space cancellation deadline is September 15, 2018, after which no refund will be made for space reserved and not used.

## MIDWEST ROOFING CONTRACTORS ASSOCIATION

69<sup>th</sup> Annual Conference & Expo October 24-26, 2018 CenturyLink Center in Omaha, NE

EXHIBIT FEES:		
	Member Rate	Non-Member Rate
10x10 Booth	\$1,850 each	\$2,350 each
4 or more booths	\$1,600 each	\$2,100 each
Number of Booths		x rate per booth
= Total \$	% B	eing Paid Today:
Preferred Booth Numbers:		
1st Choice:		2nd Choice:
3rd Choice:		4th Choice:
Please list companies that you prefer not to be near:		
BILLING INFORMATION:		
Full Name: Title:		
Company Name:		
IF DIFFERENT FROM ABOVE:		
Address:		
City, State, Zip:		
Country:		
PH:		FX:
Email:		
Please make checks payable to Midwest Roofing Contractors Association and send check along with this completed agreement to:  Attn: Rachel Pinkus  MRCA Exhibits  2077 Embury Park Rd.  Dayton, Ohio 45414  You may also send your completed agreement to: rpinkus@mrca.org or Fax: 937-278-0317  Credit Card Payment Information:		

CC#: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_ Amount Being Charged: \$\_\_\_\_\_

QUESTIONS? Contact Rachel Pinkus at 800-497-6722 or rpinkus@mrca.org