



presents
Antique Sporting and Advertising Show
SUNNYVIEW EXPO CENTER

~ EXHIBITOR AGREEMENT ~

The undersigned hereby makes application for Sales and Exhibitor Space at the Antique Sporting and Advertising Show.

\$100 per 10' x 10.6' Space Quantity _____ = \$ _____
\$10 per 6' or 8' Tables Quantity 6' _____ 8' _____ = \$ _____
TOTAL \$ _____
50% Deposit or Full Payment \$ _____
BALANCE DUE \$ _____

EACH EXHIBITOR RECEIVES 2 EXHIBITOR PASSES REGARDLESS OF BOOTH SIZE
ALL SPACE IS RESERVED ON A FIRST COME BASIS.

Exhibitor agrees to the following:

- 1. If any cause whatever makes it impossible to have the show, this lease shall be terminated, the lessor waives any claim for damages, except the return of the deposit paid.
2. EXHIBITOR IS TO REMAIN SET-UP AND NOT PACK OR WITHDRAW PRIOR TO THE CLOSE OF SHOW.
3. In the even Exhibitor does not give notification of intent to cancel reservation 30 days prior to show, FULL DEPOSIT shall be retained by management.
4. Exhibitor will fulfill Municipal, State & Federal requirements in connection with all laws and State Taxes.
5. LIABILITY & INSURANCE: Exhibitor shall be solely responsible for his own property, materials, equipment and employees at all times, including but not limited to time in transit to and from the show location and while present at the show location.
6. This agreement contains the entire agreement between the Exhibitor and Northstar Collective. It may not be changed, waived or modified orally-only by an agreement in writing.
7. This agreement shall be construed in accordance with the Laws of the State of Wisconsin.
8. NO BOOTH SPACE SHALL BE TRANSFERRED, EXCHANGED OR SUBLET BY THE EXHIBITOR.
9. Exhibitor agrees to follow all Parking Lot Regulations.
10. The Law of the State of Wisconsin shall govern the construction and interpretation of this contract. Exhibitor expressly waives any right of election. Further, the Exhibitor agrees that before litigation is filed, a good faith effort to resolve any dispute through alternative resolution shall be made, if requested by Management.

PRINT NAME _____ WRITTEN SIGNATURE _____
BUSINESS NAME _____ PHONE # _____
ADDRESS _____ DATE _____
CITY / STATE / ZIP _____ TAX ID / STATE _____
E-MAIL ADDRESS _____ (OR) LAST 4 DIGITS OF SS# _____