



2010 Arts & Crafts Show Booth Application
 at The Rock Financial Showplace
 46100 Grand River Ave • Novi MI
April 9-11, 2010

Company Name _____ Contact Person _____
 Address _____ City, State, Zip _____
 Phone _____ Fax _____
 Email address _____ Webpage _____
 *Description of product(s): _____

*Display includes food samples (you must receive approval from promoter for food items)

*** ALL PRODUCTS BEING SOLD MUST BE LISTED ABOVE**

**If you are displaying food samples you must have a temporary food license from the Oakland County Health Department 248-926-3305

BOOTH SPACE

10ft x 10ft \$300.00
 Corner add \$50.00

ADDITIONAL ITEMS

Electric \$80.00
 8ft table with skirt \$70.00
 Chair \$10.00

Parking Passes will be available during move-in at Service Desk

We encourage you to bring your own tables & chairs

BOOTH LOCATION

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

Booth choices are not guaranteed; however best efforts will be made to accommodate your choices. If all your choices have been reserved, the best available booth will be assigned. Please include all 4 choices.

50% DUE WITH CONTRACT, BALANCE DUE MARCH 21, 2010

Please make checks payable and send to:

GRAMMIE'S ANGELS & COMPANY

36532 Joanne Livonia MI 48150
 www.grammiesangels.com • grammiesangels@sbcglobal.net
734-502-7077

EXHIBITOR MOVE-IN INFORMATION

Exhibitor set-up & move-in information will be emailed to you 2 weeks prior to show. If you prefer it mailed to you, please check here.

PAYMENT TYPE

Account Number _____
 MC VISA DISCOVER AX Chg Full Amt
 Name of card _____
 Exp Date _____ 3 digit code _____
 Check # / Amount Paid _____
 Address if different than above _____

Booth Space Cost _____
 Corner Space Fee _____
 Table or Chair Cost _____
 Electric Cost _____
 Subtotal _____
 Credit Card Fee 4% of subtotal _____
TOTAL _____

The exhibitor agrees to abide by all exhibit terms, conditions and regulations set forth in the Rules & Regulations included with this exhibitor contract.

Signature _____ Date _____

| | | | |
|-------------------------|------------------|-----------------|--------------|
| For GA&CO Use Only: | Date Rec'd _____ | Check/MO# _____ | Amt Pd _____ |
| | Booth # _____ | Check/MO# _____ | Amt Pd _____ |
| Confirmation Sent _____ | | | |