

1. Exhibitor Information

Company Name: _____

Exhibitor Listing: _____

(Note: This is how your company name will be listed in the IMATS signage)

Brands/Products to be Displayed: 1. _____
 2. _____
 3. _____

Contact Name: _____ Title: _____

Address: _____ City: _____

State/Province: _____ Zip: _____

Country: _____

Phone: _____ Hashtag: _____

Email: _____ Website: _____

Booth Set-up Contact Info: _____

FOR OFFICE USE ONLY

Date Rec'd: _____

Booth Price: _____

Corner Price: _____

Sponsorship / Education: _____

Total: _____

Payment Rec'd: _____

Balance Due: _____

Accepted By: _____

Booth #1	Booth #2

Booth #3	Booth #4

2. Booth Size Minimum Space Required: 10 ft. x 10 ft. / 100 sq. ft.

First Choice # _____ X _____

Second Choice # _____

Third Choice # _____

3. Booth Rates

\$1,400 CAD / 100 sq. ft.

Corner Fee \$ 200 CAD / per _____

Show Management will attempt to honor choices in order of preference; however, final decisions regarding assignment are at the sole discretion of Show Management.

4. Advertising and Education

Inquiries concerning education and classrooms should be directed to sales@kpgmedia.com. Class times will not be assigned until speaker and class topic have been approved. Exhibitor agrees to submit class details in accordance with the instructions set forth by Show Management, otherwise forfeit the opportunity to have their class publicized in all attendee promotional vehicles.

Wire Transfer Instructions Payment in CAD:

Bank:
HSBC

Account name:
IMATS Make-Up Show LTD

SWIFT:
HKBCCATT

Account Number:
880-127538-001

Transit:
10880

5. Booth Fees & Payment Schedule

_____ x _____ + _____ = _____ + _____ + _____ = _____
 # of Booths Booth Price Corner Price Subtotal S / P GST 5% Total Cost (CAD)

By signing the following credit card payment authorization, you agree to allow IMATS to charge your credit card for unpaid balances per the payment and schedule terms of the contract.

Check#: _____ payable to IMATS

Credit Card (check one): American Express MasterCard Visa

Card#: _____ Exp. Date: _____ CVC#: _____

Name on Card (Please Print): _____

Credit Card Billing Address: Same as Above

ALL CREDIT CARD CHARGES ARE CONVERTED TO U.S. DOLLARS. YOUR CREDIT CARD COMPANY MAY IMPOSE ADDITIONAL FEES

Signature: _____

Payment Schedule:
Upon Signing: 100% Booth Fee Due

By signing this document, company and signee agree to payment schedule. **THIS CONTRACT SERVES AS YOUR INVOICE/RECEIPT.**

Please complete and email:

IMATS
12808 NE 95th Street
Vancouver, WA USA
98682

ph. 360.882.3488
fax 360.885.1836

Questions? Contact:
sales@kpgmedia.com

6. Sign Here

Exhibitor has read the Terms & Conditions on page 2 of this Agreement. Exhibitor understands that this Agreement shall be legally binding between IMATS and the Exhibitor only upon acceptance in writing by IMATS. Exhibitor also understands that any changes in the information in this Agreement must be provided to IMATS in writing. **This Agreement may be executed and delivered by facsimile and a facsimile signature shall be treated as an original.**

Exhibitor's Authorized Signature: _____ Date: _____

Name (Please Print): _____ Title: _____

Show Management: _____ Title: _____