



# Exhibit Space Application & Contract

September 11 & 12, 2018

Ohio Expo Center - Columbus

**Instructions:** To reserve space you must return this application form along with the required fees and Certificate of Insurance. This application, when accompanied with your payment, Certificate of Insurance and countersigned by Show Management, shall become a binding contract in accordance with the Rules and Regulations. Upon acceptance by Show Management, a copy will be returned to you for your files. Applications not signed or accompanied by payment will be returned.

## EXHIBITOR INFORMATION

*(List company name exactly as you wish it to appear on all mailings, program listings, promotional material, etc.)*

Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Web Site: \_\_\_\_\_

**List show site representative below, if different from above.**

Site Contact: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

## TYPE OF EQUIPMENT / MATERIAL TO BE DISPLAYED

*Please be specific, this information is used for the program and website*

## PROMOTIONAL MATERIALS

**Number of promotional brochures you will need for personal mailings (free of charge):** \_\_\_\_\_

**Banners for e-mails, mailings, etc. available on our website at: [www.ohiolineshow.com](http://www.ohiolineshow.com)**

## BOOTH SIZE

Size	Quantity	Paid Before 5/1/2018	Paid After 5/1/2018
<input type="checkbox"/> Indoor Basic 15' x 10'	_____	\$450.00	\$550.00
<input type="checkbox"/> Indoor Premium 30' x 20'	_____	\$900.00	\$1,100.00
<input type="checkbox"/> Outdoor 25' x 35'	_____	\$450.00	\$550.00

## LOCATION PREFERENCE

1st \_\_\_\_\_  
 2nd \_\_\_\_\_  
 3rd \_\_\_\_\_

**Special Requests:** *(companies you DO or DO NOT wish to be near, etc.)*

*Site assignments will be based upon number of display spaces requested and type of equipment to be displayed. We will do our best to honor your requests*

## ELECTRICAL SERVICE

	Ordered Before 5/1/2018	Ordered After 5/1/2018
<input type="checkbox"/> 120V - 1W-1000W	\$50.00	\$75.00
<input type="checkbox"/> 120V - 1001W-2000W	\$55.00	\$80.00

*Additional services available, contact OLSA for information and pricing*

## PROGRAM ADVERTISING

<input type="checkbox"/> Business Card (3-5/8" x 2-5/16")	\$100.00
<input type="checkbox"/> Quarter Page (3-5/8" x 4-7/8")	\$125.00
<input type="checkbox"/> 1/2 Page Horizontal (7-1/2" x 4-7/8")	\$175.00
<input type="checkbox"/> 1/2 Page Vertical (3-5/8" x 10")	\$175.00
<input type="checkbox"/> Full Page (7-1/2" x 10")	\$200.00
<input type="checkbox"/> Cover (7-1/2" x 10")	\$250.00

*Cover location is your choice of one - Inside Front, Inside Back or Back  
 Ads will be placed on a first come, first served basis*

This application constitutes a contract made and entered into by and among Ohio Rural Electric Cooperatives, Inc., The Ohio Line Supervisors Association (OLSA), and the undersigned Exhibitor. This contract incorporates by reference the terms and conditions of the Ohio Line Supervisors Association Equipment Show 2018 Rules and Regulations (the Rules and Regulations). Exhibitor agrees to be bound by the terms of the Rules and Regulations, a copy of which Exhibitor hereby acknowledges receiving. This contract shall not be binding unless it is signed by an authorized representative of Exhibitor and is accepted by OLSA with the signature of a duly authorized representative of OLSA. OLSA reserves the right to accept or deny any application in its sole discretion.

Authorized signature of exhibitor \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of OLSA Representative \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT SUMMARY

\$ \_\_\_\_\_ Booth(s)  
 \$ \_\_\_\_\_ Electrical  
 \$ \_\_\_\_\_ Program Advertising  
 \$ \_\_\_\_\_ **Total Fees**  
 \$ \_\_\_\_\_ Less Pre-Registration Deposit *(if applicable)*  
 \$ \_\_\_\_\_ **TOTAL DUE**

## SHOW MANAGEMENT USE

Date received: \_\_\_\_\_  
 Deposit Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Final Payment Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_

**Please sign and return by mail with check made payable in US Funds to: OLSA, 6677 Busch Blvd., Columbus, OH 43229 • PH: 614-430-7858**