



APRIL 12 – APRIL 15, 2012

SPACE AGREEMENT: This agreement is subject to and the undersigned agrees to abide by the rules and regulations of the Lexington Center Corp. and the CENTRAL KENTUCKY HOME, GARDEN & FLOWER SHOW. A copy of the CKHGFS rules and regulations will be supplied in the exhibitor packet emailed at a later date under separate cover. Please read carefully and complete all of the information requested below.

BOOTH REQUEST: *A 50% DEPOSIT and this COMPLETED AGREEMENT is required to confirm your booth request.* Your booth **WILL NOT** be confirmed without your **deposit and completed agreement** unless other arrangements have been made with management. Noncompliance could result in losing your booth space.

1st choice(s) _____ 2nd choice(s) _____ 3rd choice(s) _____ 4th choice(s) _____

EXHIBITOR INFORMATION: Please designate where exhibitor packet is to be mailed.

Company Name: _____

Representative(s): _____

Billing Address: _____

City / State / Zip Code: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Please list **EXACT** description of **ALL** products or services exhibiting. Failure to do so could result in pulling product or service from exhibition floor. (If changes are made to exhibited item, we must be informed in writing and confirmed by show management.)

EXHIBITOR SIGNAGE: You will be provided with a 7"x28" booth identification sign. Please indicate how you would like it to read. If a sign is not required, please put "No Sign Needed" in the block provided. If you do not complete the sign portion, we will list your booth as noted on the company name line on this agreement.

SAMPLE: _____ **PLEASE PRINT HOW SIGN IS TO READ ON LINE BELOW:**

MAC PRODUCTIONS, INC. / #10000 _____

RETURN THIS FORM TODAY WITH DEPOSIT: Please enclose your deposit and ensure the above information is complete and correct. Doug Hart will contact you to confirm your booth location.

Mail, Email or FAX this form to:
MAC PRODUCTIONS, INC. / 242 W. PIKE STREET / COVINGTON, KY 41011
TELEPHONE (800) 347-2902 or (859) 655-3080 / FAX (859) 491-3395
Email: info@mac-av.com / Website: www.ckyhomeshow.com

SIGNATURE & TITLE OF APPLICANT

NAME: _____ **DATE:** _____

Date Request Received by: Mail _____ **Fax** _____ **Phone** _____ **Email** _____ **Invoice #** _____

Deposit Amount Received _____ **Ck#** _____ **Balance Due** _____

If Paying By Credit Card: Visa/MC/Am Ex/Disc. Card # _____

Address Where Credit Card Statement is Mailed _____

Exp. Date _____ **3 Digit CVV Code on Card Back** _____ **Amount Charging** _____