

**VARIETY DISTRIBUTORS 2012 ANNUAL NATIONAL FALL SHOW  
Show Fee Invoice**

**Keep A Copy  
Of This Page  
For Your Records**

Please print this page, complete & return by mail or fax to: 712-755-9103

Your Company Name: \_\_\_\_\_

Quantity	Description	Cost per Booth	Extended Cost
	End Cap Booth (12 Available)	\$ 1,550.00	
	Power Aisle Booth (19 Available)	\$ 1,450.00	
	Standard Booth (153 Available)	\$ 1,340.00	
<b>Booth Fees:</b>			
	Additional Lunch Friday (1 free lunch/ booth)	\$ 16.00	
	Additional Lunch Saturday (1 free lunch/ booth)	\$ 16.00	
	Sponsor Welcome Meeting Appetizers	\$ 100.00	
	Sponsor Friday Member Breakfast	\$ 250.00	
	Sponsor Daily Beverages	\$ 50.00	
	Sponsor Friday Lunch	\$ 250.00	
	Sponsor Saturday Lunch	\$ 250.00	
	Sponsor Sunday Danish	\$ 100.00	
	Sponsor Lodging for Stores	\$ 100.00	
<b>Additional Fees:</b>			
<b>TOTAL FEES:</b>			

**Show Registration Contract/ Credit Card Payment Form**

I hereby contract for booth space and additional booth accessories as noted herein for the 2012 Variety Distributors Annual National Show on April 19 - 22, 2012. I agree to pay all fees assessed in accordance with this contract and I understand that any non-payment will result in a claim against the factory line(s) I represent at this Show. Show fees not paid by the due date of March 16, 2012 may incur a 1% per month service charge for each month that the fee remains unpaid. I understand that I will be unable to move-in or set my booth(s) if Show fees are not paid by Show date. I further agree to be in my booth during the Show hours (except for reasonable brief intervals for food or personal needs) until 2:00 PM Central Daylight Time on April 22nd; not to move-out prior to announced Show closing and to comply with Venue and Show Management requirements and regulations. Early departure

Signature ( Required ) \_\_\_\_\_

\_\_\_\_\_ Date

**Please Indicate How You Will Pay Your Show Fees**

- Check. We will only accept one check, payable to Variety Distributors, Inc. 609 7th St. Harlan, IA. 51537
- Credit Memo(s). How many CM's will you use? \_\_\_\_\_ Subject to Buyer Approval
- Credit Card. Complete the information below.

**Payment Due March 16, 2012**

**Credit Card Payment Form**

Make Checks payable to:

VARIETY DISTRIBUTORS INCORPORATED

**PAYMENT DUE:  
March 16, 2012**

609 7th Street  
Harlan, IA. 51537

**Attention:  
Bret Anderson**

Please check your choice of Credit Card Payment:

VISA

MASTER CARD

Month Year

Expiration Date

Verification Value (Req)

Last 3 digits on back of Card

Account Number

Please Print or type legibly.

Name(s) on Card: \_\_\_\_\_

Billing address of Card

Street Address \_\_\_\_\_

City, ST. Zip \_\_\_\_\_

Signature (Required): \_\_\_\_\_