

VARIETY DISTRIBUTORS 2010 ANNUAL NATIONAL FALL SHOW

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

Show Fee Invoice

Please print this page, complete & return by mail or fax to: 712-733-5299

Your Company Name: _____ **Your Phone #:** _____

Quantity	Description	Cost per Booth	Extended Cost
	8'x10' Booth	\$ 1,000.00	
	8'x10' Booth - If Paid by July 23, 2010	\$ 900.00	
Booth Fees:			
	Booth Electrical Service	\$ 75.00	
	Additional Lunch Wednesday	\$ 13.50	
	Additional Lunch Thursday	\$ 13.50	
	Sponsor Tue Welcome Apetizers	\$ 100.00	
	Sponsor Daily Beverages	\$ 50.00	
	Sponsor Wednesday Lunch	\$ 250.00	
	Sponsor Thursday Lunch	\$ 250.00	
	Sponsor Lodging for Stores	\$ 100.00	
Additional Fees:			
TOTAL FEES:			

Show Registration Contract/ Credit Card Payment Form

I hereby contract for booth space and additional booth accessories as noted herein for the 2010 Variety Distributors Annual National Fall Show on September 14-16, 2010. 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 August 20, 2010 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 September 16th; not to move-out prior to announced Show closing and to comply with Venue and Show Management requirements and regulations. Early departure will result in a \$250 penalty.

Signature (Required)

Date

Credit Card Payment Form

Make Checks payable to:

VARIETY DISTRIBUTORS INCORPORATED

**PAYMENT DUE:
August 20, 2010**

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): _____