

**14th Annual**  
**FALL BRIDAL SPECTACULAR**

**VENDOR AGREEMENT**  
(Please fill out in its entirety. Print clearly.)

**Arcobasso Promotions & Special Events**

3528 Gettysburg Place  
Jefferson City, Missouri 65109  
(573)636-4094 FAX: 893-4595 cell: 338-2266

[arcobassopromotions1@embarqmail.com](mailto:arcobassopromotions1@embarqmail.com)

DATE \_\_\_\_\_

This agreement between Arcobasso Promotions and (Business Name) \_\_\_\_\_  
for Exhibit Space in **“Fall Bridal Spectacular” 2010.**

Exhibitor agrees to purchase \_\_\_\_\_ Exhibit space/s during **“Fall Bridal Spectacular” 2010.**  
Sunday, July 25, 2010 to be held at the **Truman Hotel & Conference Center** (formally Ramada Inn), Jefferson City.

Exhibitor agrees to pay a non-refundable deposit at the time of signing agreement and to pay the balance as specified below or will be required to  
forfeit space to another exhibitor. Cancellation policy of any space requires a 90 day written notice sent certified to Arcobasso Promotions &  
Special Events, 3528 Gettysburg Place, Jefferson City, Mo. 65109 Attention: Vicki Arcobasso.

**Please check booth choice below**

**FULL BOOTH \$575** \_\_\_\_\_ (8X10)  
Includes one 8’ table draped/skirted.

**HALF BOOTHS \$380** \_\_\_\_\_ (5X10)  
Includes on 6’ classroom table draped/skirted  
**\$350** \_\_\_\_\_ (5X8) Includes shared 8’ table draped/skirted

*Exhibitor Space Total.....* \_\_\_\_\_

**EXHIBITOR OPTIONS**

Corner/End Booth (\$50)..... \_\_\_\_\_  
Electric (\$35)..... \_\_\_\_\_  
Add'l tables # \_\_\_\_\_ @ \$20.00ea. \_\_\_\_\_  
WiFi(\$20)..... \_\_\_\_\_

*Exhibitor Options Total.....* \_\_\_\_\_

**Grand Total (Booth + Options):** \_\_\_\_\_

**Deposit (1/2 of Grand Total).....** \_\_\_\_\_ **Due with agreement**

**Final Payments Due.....** \_\_\_\_\_ **July 10, 2010**

**All checks make payable to: Arcobasso Promotions & Special Events**

\_\_\_\_\_  
*Arcobasso Promotions & Special Events*

**Contact Person:** \_\_\_\_\_

**Special Notes:** \_\_\_\_\_

\_\_\_\_\_

**Exhibitor Signature** \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Phone Number \_\_\_\_\_ cell: \_\_\_\_\_

Fax Number \_\_\_\_\_

**Current email address:** \_\_\_\_\_