

APPLICATION FOR RETAILER EXHIBIT SPACE

1. COMPANY INFORMATION: Please Print

Company Name

Display Name (Maximum 20 characters including spaces)

Contact Name

Address

City

Province/State

Postal/ZIP Code

Country

Phone

Fax

Email

Website

2. PRODUCTS: We carry products related to

PRIMARY: Choose one

Comics Sci-fi Gaming Horror Anime

SECONDARY: Choose as many as applicable

Comics Sci-fi Gaming Horror Anime

Please list your products and/or services:

4. SPACE RATES 2018

Exhibit booth consists of an 10' x 10' space, the space includes 1 - 8' skirted table, 2 chairs and 2 exhibitor passes.

1 - 2 (10'x10' BOOTHS) \$1025.00 ea. X _____ = \$ _____

3+ (10'x10' BOOTHS) \$890.00 ea. X _____ = \$ _____

Corner Premium add \$125.00. ea. X _____ = \$ _____

* Single Corner Booths are not Guaranteed

Other _____ \$ _____

Total Booth Space Charge \$ _____

Deposit Paid \$ _____

Balance Remaining \$ _____

Please Make Checks Payable To: **INFORMA POP CULTURE EVENTS INC.**

Payment Terms: 50% (Less All Deposits) with Application
100% (Less All Deposits) by February 1, 2018

5. LOCATION:

Placement of Space(s) is at **Show Management's** sole and absolute discretion.

I understand that I will forfeit the deposit if any schedule payments are missed. All deposits are **non-refundable** and **non-transferable**.

Exhibitor's Signature

Date

Return this completed form by mail to:

MegaCon Applications
Informa Support Services, Inc.
101 Paramount Drive
Suite 100
Sarasota FL 34232

Any Questions?
gurmeet@fanexpohq.com
Tel: 416.960.4529

www.megaconorlando.com

For Office Use Only

Payments	Method	Date	Amount
1.	_____	_____	_____
2.	_____	_____	_____

Booth Size: _____

Assigned Location: _____

Location: _____



Confirmed