



CONTRACT FOR EXHIBIT SPACE
 Crowne Plaza Columbus North
 Columbus, Ohio
 February 9 & 10, 2021



We wish to reserve and contract for the following exhibit space in accordance with the terms, conditions, rules and regulations governing exhibitors as set forth in this contract and the exhibit brochure, of which is a part of:

<p>Contract submission PRIOR to November 1, 2020:</p> <p>Single Booth: <input type="radio"/> Tuesday & Wednesday \$825 <input type="radio"/> Wednesday only \$725</p> <p>Double Booth: <input type="radio"/> Tuesday & Wednesday \$1,550 <input type="radio"/> Wednesday only \$1,350</p>	<p>Contract submission AFTER November 1, 2020:</p> <p>Single Booth: <input type="radio"/> Tuesday & Wednesday \$875 <input type="radio"/> Wednesday only \$775</p> <p>Double Booth: <input type="radio"/> Tuesday & Wednesday \$1,650 <input type="radio"/> Wednesday only \$1,450</p>
--	---

Are you a 2020 Associate Member company: Yes No *If yes, deduct \$50 from above selection.* **Total Cost = \$** _____

BOOTH INFORMATION

Only one (1) representative per booth space (due to current COVID restrictions). If you are reserving two booths, you are allowed two registrations.

Attendee(s) to register: _____

Booth specs: 10' wide x 8' deep, includes carpet, drape, 8ft table and chair Need Electric Hook-up? Yes No

Products or services marketing: _____

Name, City/Town, State for booth sign: _____

Booth preference* (# or location): _____

**Absolutely no guarantee, but we will do our best to accommodate.*

CONTRACTS RECEIVED BEFORE NOVEMBER 1 WILL BE ASSIGNED ON A FIRST COME, FIRST SERVED BASIS.

The exposition is for educational and informational purposes.

ALL ITEMS OFFERED FOR SALE MUST BE APPROVED BY THE TRADE SHOW COMMITTEE.

Company Name: _____

POC Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

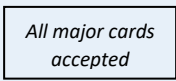
Phone: _____ Email: _____

Signature: _____ Date: _____

PAYMENT OPTIONS

Invoice: please email invoice to: _____

Check: pay to **Ohio Pork Council** or Credit Card: a **3% processing fee** will be added to your total



Name on Card: _____ Billing Zip Code: _____

Card Number: _____ Exp Date: _____ Security Code: _____

Return Contract with remittance to: Ohio Pork Council, 9798 Karmar Ct., Suite A, New Albany, OH 43054
 or email submissions can be sent to: pork@ohiopork.org

FOR OFFICE USE ONLY:

Date Rec'd: _____ Payment Type: _____ Space(s) Assigned: _____