



DUPLIN AGRIBUSINESS FAIR

APPLICATION & CONTRACT FOR EXHIBIT SPACE

ALL EXHIBIT FORMS AND PAYMENTS ARE DUE BY

SEPTEMBER 2, 2024

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Are you a previous exhibitor? Yes or No

Your company listing for show program and exhibit ID, if different from above:

PLEASE LIST PRODUCTS AND/OR SERVICES YOU WISH TO EXHIBIT

Be specific. Only items listed will be allowed in your exhibit. (Attach extra sheet if more space is needed)

PLEASE CHECK THE FOLLOWING LIST AND NOTE WHICH CATEGORY

- AUTOMOTIVE
- BEAUTY & COSMETICS
- BUSINESS & EDUCATION
- COOKING & FOOD
- FASHION & ACCESSORIES, JEWELRY, GIFTS
- GOURMET
- HEALTH & FITNESS
- HOME IMPROVEMENT & DÉCOR
- LIFESTYLE (PHOTOGRAPHY, WEDDING, CLUBS MEDIA)
- TRAVEL & LEISURE
- OTHER _____

Check appropriate needs below: (Booth includes 1 table and 2 chairs)	Cost (ea.)	Quantity	Total Cost
Inside Non-Chamber Member Booth	\$80.00		
Inside Chamber Member Booth	\$50.00		
Inside Non-Profit Booth	\$50.00		
Outside Booth	\$100.00		
Additional Table (With Skirt)	\$10.00		
Additional Chair	\$5.00		
Additional Wristbands Required	\$5.00*		
TOTAL DUE			

***Each Space will include 2 Vendor Admission Wristbands. Additional Vendor wristbands are \$5.00. A maximum of four (4) additional vendor wristbands may be ordered.**

<p>IF ACCEPTED, I AGREE TO ABIDE BY SHOW RULES, REGULATIONS, AND POLICIES.</p> <p>Applicant's signature: _____ Date: _____</p>

EXHIBIT SPACE APPLICATIONS ARE SUBJECT TO ACCEPTANCE BY MANAGEMENT.

<p>THIS SPACE FOR USE BY DUPLIN AGRIBUSINESS FAIR ONLY.</p> <p>Date accepted: _____</p> <p>Amount: _____ Check # _____</p> <p>Exhibit Space # _____</p> <p style="text-align: center;"> Make all checks payable to: Duplin Agri-Community Center Foundation Mail to: 195 Fairgrounds Dr. Kenansville, NC 28349 </p>
