

Pasco, WA (Sunday, May 4th, 2014)

TRAC Center
6600 Burden Blvd. Pasco, WA 99336

REGISTRATION

Company: _____ Industry: _____

Company Name, as it will appear on printed material: _____

Contact Person: _____ Title: _____

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

E-mail: _____ Referred by: _____

Website: _____ Phone: _____ Fax: _____

Name of person manning the booth : _____ Phone: _____

E-mail: _____

EXHIBIT SPACE & PROGRAM ADVERTISING

Booths are first come first serve basis. For locations see map.

| Vendor Booth (10 x 10) | Price | Qty | | Price | Qty |
|------------------------|-------|-----|-------------------------------|--------|-----|
| Gold — Near stage | \$600 | | Hardline | \$92 | |
| Green — Entrance | \$600 | | Additional Tables | \$10 | |
| Purple — Main Aisle | \$550 | | Additional Chairs | \$5 | |
| Pink | \$500 | | Logo on the Big Screens | \$500 | |
| | | | Commercial on the Big Screens | \$1000 | |

***Booth set-up 8 am, breakfast 10 am, Expo hours noon - 6 pm** **Total Investment** _____

EXHIBITOR INFORMATION

Please check Yes or No on each item.

Will you be participating in the Grand Prize Giveaway (See page 10)? Yes No

Will you be bringing a tent? Yes No

Will you be serving food samples at your booth? Yes No

Will you be selling food? Yes No

Will you be using large displays? Yes No

Will you be Recruiting/Hiring at your booth? Yes No

METHOD OF PAYMENT

***Prepayment is required. Please fill out the credit card information below or make checks payable to:

Expo NW and mail to 7601 W. Clearwater Ave, Suite #320, Kennewick, WA 99336***

Please Check One: Master Card Visa AMEX Check (If payment is being mailed expected by date: _____)

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Card Security Code: _____

Address (If different than above): _____

City, State, Zip: _____ Authorized Signature: _____

Do you need an invoice? Yes No

Do you need a receipt? Yes No

SIGNATURE

As a Sponsor/Vendor, (Company) recognizes and understands its rights and benefits to be guaranteed as outlined above. I (Company) understands that no additional agreements exist beyond those stipulated on this agreement, and agrees to abide by the rules and regulations set forth by Expo NW LLC for this Event, unless the event is cancelled.

(Company) agrees to indemnify and hold Latino Business and Consumer Expo, the City of Pasco, Expo NW LLC and TRAC Indemnities harmless from any and all third party losses, claims, attorney's fees and costs, actions, damages, liabilities and expenses arising from my (our) activities at Latino Business and Consumer Expo, except to the extent arising from the gross negligence or willful misconduct of the Indemnities.

Printed Name: _____

Signature: _____

Date: ____/____/____

CANCELLATION POLICY
ALL MONIES ARE NON-REFUNDABLE

OFFICE USE ONLY

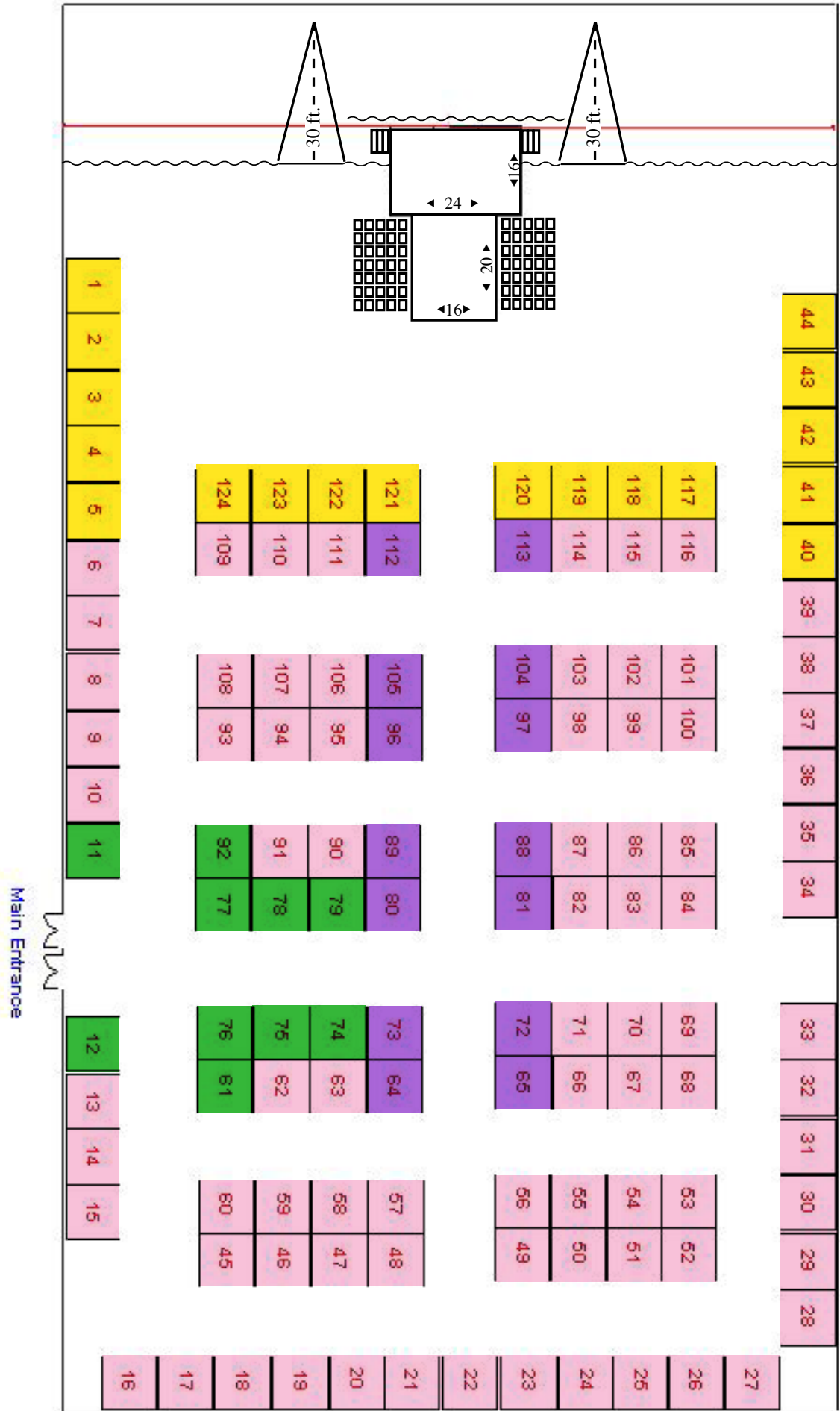
Paid: _____ PP Date: _____

Check #: _____ Date: _____

Cash: _____ Date: _____

Invoiced: _____ Booth #: _____

TRAC CENTER



- Gold \$ - Near Stage
- Green \$600 - Near Entrance
- Purple \$550 - Main Aisle
- Pink \$500 - Other