

PLEASE CLEARLY PRINT YOUR INFORMATION AND ANSWER ALL QUESTIONS.

 Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____
 E-Mail _____
 Website _____
 Product / Service to be display: _____

EXHIBIT SPACE COST BREAKDOWN

Space	Amount by	Table Reg.	Other	Total
Table Y	\$250 Contracted by 06/01/17	\$400		
Table	\$300 Contracted by 07/01/17	\$350		
Table	\$350 Contracted by 08/01/17	\$500		
Booth 10X10	\$1300			
Booth 20X20	\$1600			
Banner / Display Advertisement				
Display	Small	Large	XXL	Total
Banner	\$250	\$450	\$850	
Advertisement	¼ Page	½ Page	Full	Total
Program book	\$150	\$300	\$500	
Program inside Back cover	-	-	\$1000	
Program outside Back cover	-	-	\$1500	

Number of Tabletops \$20.00 each _____

Galeria Mall cancellation Policy

If the Exhibitor/ vendor cancels this contract after the signing of the contract the below fee will be assessed and owed to Latin Fashion Week as liquidated damages a no as a penalty.

Cancellation 160 days before the event will be assessed 35% fee

Cancellation 60 days before the event will be assessed 75 % fee

Cancellation 30 days before the event subject to not refunds.

Type of Exhibitor / Vendor Check applicable

- | | |
|---|--|
| <input type="checkbox"/> Boutique | <input type="checkbox"/> Corporate Office |
| <input type="checkbox"/> Specialty Chain Store | <input type="checkbox"/> General Merchant |
| <input type="checkbox"/> Accessories Store | <input type="checkbox"/> Department Store |
| <input type="checkbox"/> Service in general | <input type="checkbox"/> Jewelry/Watch Store |
| <input type="checkbox"/> Leatherwoods/Gift Shop | <input type="checkbox"/> Catalog/TV |
| <input type="checkbox"/> Specialty Store | Shopping/Internet |
| <input type="checkbox"/> Shoe Store | <input type="checkbox"/> Gallery/Craft/ Shop |
| | <input type="checkbox"/> Other _____ |

Staff use Only

 Date received _____
 Space Assigned _____
 Form of payment _____
 Note: _____
 By _____

Form of Payment

Method of Payment

- Check • Visa • MasterCard • American Express

(Please circle Appropriate Payment Method)

Purchase Order Number _____

(Purchase Order Must Accompany Contract)

Billing Information

Credit Card Number _____

Expiration Date (mm/yy) _____

CVV / Security number _____

Print name exactly as it appears on credit card: _____

Billing Address _____

City _____ ST _____ Zip _____

Telephone _____

Signature _____

Payment Terms

50% Due at Contract Signing

(All vendor/exhibitor space locations will be confirmed upon receipt of deposit)

Remaining balance due date 20 days before the event day.

If final balance is not received by the due day, Exhibitor risks forfeiture of booth space.

 Checks should be made payable to: **Latin Fashion Week**

NOTE: NO check 30 days before the event, will be accepted, Cashier Check or Money order only.

Credit Card Payment

 Please fax the completed Exhibit Contract to 202-379-9087 or direct line fax **301-445-8015**

Contact: Karina Lariza at 202-587-5663

Payment Mailing Address

Latin Fashion Week

Attn: Galeria Mall 2017

1775 Eyes St Nw Ste 1150, Washington, DC 20005

Exhibitor Signature

The Exhibitor acknowledges that participation will be limited to those companies whose products and/or services are of specific interest to. Those attending Latin fashion week and Galeria Mall Showroom as determined by the Sponsor at its sole discretion. The Exhibitor hereby agrees to abide by all rules and regulations of the exhibition and acknowledges receipt of a copy of Exhibit A, "Exhibition Rules and Regulations," which is a part of this contract and is incorporated herein.

Signature: _____

Date: _____

Print Name: _____