

PARTICIPATION AGREEMENT



EXPO & CONFERENCE

Feb. 10 & 11, 2016

**Miami Airport
Convention Center**

Please complete, sign &
return this Agreement
to show organizers

By FAX to **(305) 412-3247** or
mail@miagreen.com

All requests will be assigned on
a first-come, first served basis.

Make your check payable to
MIAGREEN EXPO
and mail it to
**8900 SW 107 Ave., Ste 313
Miami, FL 33176**

Agreement will be considered
valid when signed by
Show Management

Please print clearly

This Box is for your info in the Expo Guide

COMPANY/EXHIBITOR _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Phone (____) _____ WWW. _____
 Your description for Expo Guide (limit to 20 words) _____

CONTACT 1 (Name): _____ Title _____
 Phone (____) _____ Cellular (____) _____
 Email: _____ @ _____
 Fax (____) _____ Address _____
 City _____ State _____ Zip _____
CONTACT 2: _____ Title _____
 Phone (____) _____ Cellular (____) _____
 Email: _____ @ _____

DESCRIPTION

1) Sponsor Packages: DIAMOND__ PLATINUM__ GOLD__ SILVER__ BRONZE__
 2) Exclusive Sponsorships: _____
 3) Booth size: _____' X _____' Choices: a) # _____ b) # _____ c) # _____
 4) Ad in Expo Guide: Back__ Prime__ Page__ Half__ Cover__
 5) Electric \$150 __ 2nd listing \$495 __ LogoWeb \$795__ XBadges \$25 ea __
 Note: _____

COSTS

1) Packages \$ _____
 2) Exclusive \$ _____
 3) Booth \$ _____
 4) Expo Guide \$ _____
 5) Other \$ _____
 TOTAL \$ _____

Standard booth packages include pipe & drape, one 6' draped table, 2 chairs, 1 wastebasket, ID sign, listings in Expo Guide and staff badges. Refer to your confirmation email for details.

 Exhibitor / Sponsor Signature

 Expo Account Executive

 Date

As an authorized representative of the Company / Exhibitor contracting services described above, I have read and understood the content of this Agreement as set forth here and in the MIAGREEN EXPO Terms & Conditions, and agree to abide by them. Fax, email and image transmission of this Agreement and any signatures affixed hereto shall be considered for all purposes as originals.

PLEASE CHARGE MY CREDIT CARD VISA _____ MC _____ AMEX _____ DISC _____
 Number _____ Cardholder _____
 Expiration: _____ Sec. Code: _____ Signature _____
 Billing Address _____ City _____ State _____ Zip _____

Approved by Show Management: _____

Date: _____