

PARTICIPATION AGREEMENT



EXPO & CONFERENCE

Feb. 25 & 26, 2010

**Miami Beach
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___
 2) Exclusive Sponsorships: _____
 3) Booth size: _____' X _____' Choices: a) # _____ b) # _____ c) # _____
 4) Ad in Expo Guide: _____
 5) Electricity \$150 ___ 2nd listing \$495 ___ Extra Badges \$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 or email 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: _____ Signature _____
 Billing Address _____ City _____ State _____ Zip _____

Approved by Show Management: _____

Date: _____