



2009 Exhibit/Vendor Booth Space Contract

The Kalamazoo Pet Expo is produced and managed by the Kalamazoo Weekly Newspaper, a subsidiary of the Birch River Group. **Please complete this form and return it with your full payment to: Kalamazoo Pet Expo, 125 W. Michigan Ave., Galesburg, Michigan 49053 or fax form to (269) 665-0096 and mail payment.** All booths will be reserved, via application, on a first come basis. For more information call (800) 397-5171 or e-mail Info@KalamazooPetExpo.com. The event is being held at Wing's Stadium in Kalamazoo, Michigan. Wing's Stadium is located at 3600 Van-rick Dr. in Kalamazoo. Their website is www.Kwings.com.

We are an **exhibitor or vendor** and would like a 10' x 10' booth for \$300 at this years event. We will submit this application with full payment to reserve our booth space.

We are a **501c3 Non-Profit Organization** and we would like a 10' x 10' booth for the discounted rate of \$150.00. We will send proof of non-profit status with our application.

We would like to be located near the following areas if possible, but we understand that this is not guaranteed due to floor space. (circle one)

DOGS CATS REPTILES BIRDS ENTERTAINMENT OTHER: _____

Need more room? Get two booths for a only\$500 and spread out!

PLEASE TYPE/PRINT CLEARLY

Please check this box if you **DO NOT** want the following information listed on the website or in the program.

COMPANY NAME _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ BUSINESS PHONE _____ FAX NUMBER _____

E-MAIL ADDRESS _____ WEBSITE ADDRESS _____

CONTACT PERSON/REPRESENTATIVE _____ CONTACT PERSONS PHONE NUMBER (if different than business number) : _____

SELLING A PRODUCT? YES NO SELLER'S PERMIT NUMBER: _____

GENERAL DESCRIPTION OF PRODUCT OR SERVICE: _____

Acceptance: Upon receiving full payment with completed application, you will be notified via confirmation of your booth space. You are not accepted until you get this confirmation. Remember: Space is limited.

AUTHORIZED PERSON (please print) _____ TITLE _____

SIGNATURE _____ DATE _____ AMOUNT ENCLOSED _____

CREDIT CARD BILLING ADDRESS _____ NAME ON CARD _____

AMOUNT OF CHARGE _____ (Circle One) VISA MASTERCARD DEBIT

CARD NUMBER _____ EXP. DATE _____ SECURITY NUMBER _____