



# Official October Exhibitors Agreement Contract

\*For priority placement, please return as soon as possible

Move-in: Oct. 5, Thursday 10am - 7pm  
 Wholesale Show: Oct. 6, Friday 9am - 12pm  
 Showtime Oct. 6, Friday 12pm - 7pm  
 Showtime Oct. 7, Saturday 10am - 6pm  
 Showtime Oct. 8, Sunday 10am - 5pm  
 Move-out: Oct. 8, Sunday 5pm - 9pm

Office Use Only

Received Date: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Assigned Booth(s): \_\_\_\_\_

Approved Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

CONTACT INFORMATION: Date: \_\_\_\_\_ Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Second Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ 2nd Email: \_\_\_\_\_ Website: \_\_\_\_\_

Inline Booth - \$495 - 10 x 10

Corner Booth - \$595 - 10 x 10

Column Booth - \$400 - 10 x 5

Half Booth - \$300 - 5 x 10

Food Inline Booth - \$600 - 10 x 10

Food Corner Booth - \$650 - 10 x 10

Multiple Booth Discount - \$25 Off each add. Booth

### PRICING:

Each booth includes two chairs, wastebasket, booth ID sign, show program listing.

### Show Price Calculation

Total # \_\_\_\_\_ Booths x \$ \_\_\_\_\_

Multiple Booth Discount: \$ \_\_\_\_\_

Sub-total: \$ \_\_\_\_\_

Check  Total: \$ \_\_\_\_\_

Mail to Alaska Genesis Productions Inc. Credit Card

PO Box 200846 \*Fill out Credit Card Authorization Form

Anchorage, AK 99520 Scan/Email to:

info@makeitalaskanfestival.com

Fax to 907-258-2233

### EXHIBIT SPACE:

I would like to be beside or near the following companies: \_\_\_\_\_

I do not wish to be near the following companies: \_\_\_\_\_

Corner Premium Booth Upgrade (\$100 Fee) # \_\_\_\_\_  Inline Booth # \_\_\_\_\_

Booth #(See Floorplan) : 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

### PRODUCT DESCRIPTION: \_\_\_\_\_

**PAYMENT SCHEDULE:** Deposit (50%): Due to reserve your space, All applications submitted past initial deadline date must include a 50% deposit. Booth assignments will not be final until 50% deposit is received. Balance Due July 1, 2017.

Full payment due with contracts submitted after July 1, 2017.

Mail payments to: PO Box 200846 Anchorage, Alaska 99520. **Please make checks payable to Alaska Genesis Productions Inc.**

A cancellation fee of 100% of the total exhibit space will be applied for cancellations made after July 1st 2017. Exhibit space cannot be made without the required payment. Exhibit space reservation cannot be guaranteed if payment schedule is not maintained. By signing this agreement, the exhibitor agrees to the terms and conditions outlined above and in pre-show packet.

SUB-TOTAL: \_\_\_\_\_ DEPOSIT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibitor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alaska Genesis Productions Inc.

PLEASE RETURN THIS CONTRACT TO: ALASKA GENESIS PRODUCTIONS INC. [www.MakeltAlaskanFestival.com](http://www.MakeltAlaskanFestival.com)

E-MAIL: info@MakeltAlaskanFestival.com FAX: 907-258-2233 MAIL: PO Box 200846, Anchorage, Alaska 99520 PHONE: 907-929-2822



Alaska Genesis Productions Inc.  
MAKE IT ALASKAN FESTIVAL  
PO Box 200846 Anchorage, Alaska 99520  
907-929-2822 Fax 907-258-2233  
info@makeitalaskanfestival.com  
www.MakeItAlaskanFestival.com

## Credit Card Authorization Form

If you would like to pay by Credit Card, please fill out the following form and mail or fax to our office

Company Name: \_\_\_\_\_

Credit Card Type (Circle One):      Visa      M/C      Discover

Name as appears on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security(CVV) Number: \_\_\_\_\_ (Last 3 digits usually found on signature line on back of card)

Amount to Charge: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

Billing Address City, State, Zip: \_\_\_\_\_

I authorize Alaska Genesis Productions Inc. to charge to my credit card account and I accept these charges.

Signature: \_\_\_\_\_

Fax to:  
Alaska Genesis Productions  
Make It Alaskan Festival  
Attn: Accounts Receivable  
(907)258-2233

Pay by Check Form

I would like to pay by check, Please fax me a invoice to FAX#: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mail Check to: Alaska Genesis Productions Inc.

Attn:Accounts Receivable, PO Box 200846 Anchorage, Alaska 99520