



Exhibitor Order Form

March 30– April 1, 2018

— YES, RESERVE MY SPACE! —

PLEASE **CHECK YOUR PREFERENCES & RETURN WITH PAYMENT TO:**
S.M.S.S., 183 STATE STREET, SUITE 101, AUGUSTA ME 04330

1. AUTHORIZATION OF BOOTH PURCHASE

name _____ title _____
company _____ address _____
city _____ state _____ zip _____
email _____ website _____
phone _____ fax _____
signature _____ date _____

2. RETURNING VENDORS PLEASE INDICATE IF YOU'D LIKE THE SAME SPACE AS 2017 YES I WANT THE SAME SPACE NOT NECESSARY-N/A

3. CHOOSE BOOTH SIZE

DOUBLE BOOTH (8'x20') \$850 SINGLE BOOTH (8'x10') \$450
 PURCHASING ADDITIONAL _____ (NUMBER) BOOTHS AT \$400 EACH
OPTIONAL AS AVAILABLE: CORNER BOOTH \$50 EACH

4. CHOOSE EXTRAS

PROGRAM EXTRAS

- LOGO & 25-WORD COMPANY DESCRIPTION - \$50
- 25-WORD COMPANY DESCRIPTION - \$25
- LOGO - \$25
- FULL PAGE AD - \$250
- HALF PAGE AD - \$175
- ¼ PAGE AD - \$100

SHOW EXTRAS

- LUNCH (Saturday & Sunday Only, \$15/meal)
- INSERT IN SHOW TOTE (Provide 5,000 pieces or as many as possible)

INFORMATION REGARDING 1-4 ON PREVIOUS PAGE

1. Please provide as much contact information as possible so we can communicate effectively with you.
2. Returning vendors have the opportunity to reserve their 2018 space no later than 12/31/17. A 50% deposit on the contract is due from all vendors and mandatory for returning vendors by 12/31/17 to reserve last year's spot.
3. Booths include a 6' folding table, two chairs, electricity, wi-fi.
4. *A show program including seminar schedules, maps, the floorplan and general show information is given to all show attendees upon entering. If advertising, please provide ad copy no later than 12/31/17 to office.admin@mainesportsman.com or mail with contract.
 *A box lunch delivered to your booth is optional and will be available Saturday and Sunday for \$15 per meal.
 *Inserts can include key chains, stickers, pens, flyers, anything you believe your customers would enjoy receiving as a token of your appreciation as well as a way to contact you after the show.

DETACH BELOW & RETURN WITH PAGE 1 & PAYMENT.

COMPANY _____ CONTACT _____

BOOTH TOTAL: \$ _____
PROGRAM EXTRAS TOTAL: \$ _____

SHOW EXTRAS:
_____ LUNCH SATURDAY 3/31 @ \$15 EACH
_____ LUNCH SUNDAY 4/1 @ \$15 EACH

SHOW EXTRAS TOTAL: \$ _____

GRAND TOTAL: \$ _____

DEPOSIT ENCLOSED (50%) \$ _____

BALANCE DUE BY MARCH 15, 2018 \$ _____

CHECK ENCLOSED # _____

VISA/MASTERCARD/DISCOVER # _____ - _____ - _____

CARD EXPIRATION DATE: _____ / _____ 3 DIGIT V-CODE: _____