

Eastern National Antiques Show

Carlisle Expo Center, 100 K Street, Carlisle PA

November 17-18, 2017

The dealer understands and agrees as follows:

- 1. DEPOSITS:** \$100. \$200 if 19' or over.
 - 2. LIABILITY:** Holiday Promotions will not be liable for any property damage or personal injury. Dealers waive any claim against Holiday Promotions and assume all liability for any loss or damages.
 - 3. CANCELLATIONS:** No refunds if made less than 30 days prior to show.
 - 4. RETURNED CHECKS:** There will be a \$30 charge.
 - 5. PROHIBITED: ALCOHOLIC BEVERAGES AND SMOKING IS NOT PERMITTED. NO REPRODUCTIONS.**
 - 6. SETUPS:** Setup Thursday 8-7 to be completed by show opening and remain open until end of show. All items must be priced and GUARANTEED.
 - 7. PORTERS:** The use of porters is at dealers own risk. They are not employees of Holiday Promotions.
 - 8. SECURITY:** Provision of security is not an assumption of any liability on the part of Holiday Promotions.
 - 9. TABLES AND CHAIRS:** Chairs will be provided. Tables are an option, see under booth rentals.
- ACKNOWLEDGEMENT:** This agreement and performance hereunder, and all suits and proceedings hereunder will be construed pursuant to the laws of the Commonwealth of Pennsylvania. Agreed to and accepted by:

BOOTH RENTALS

	WITH TABLES	WITHOUT
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13x10	\$310 (3T)	\$280
16x10	\$380 (4T)	\$340
19x10	\$420 (5T)	\$370
21x10	\$470 (6T)	\$410
24x10	\$520 (6T)	\$460
29x10	\$570 (7T)	\$500

Circle your choice- cost _____

Tables 6' _____ 8' _____ \$10 Ea. _____

Electric: \$35 per booth _____

Wed. set-up 1-6, \$40 _____

TOTAL OWED _____

LESS DEPOSIT _____

BALANCE _____

*** Balance due 30 days before show.**

Signature

Date

Name/Names to appear in a program

Name

Address

City-State-Zip

Area Code & Telephone Number

Email/Web Address (Required)

Checks Payable to: **Holiday Promotions**

Mail to: **P.O. Box 845**

Abingdon, MD 21009

Questions? Call 410-538-5558

**DO NOT WRITE IN THIS SPACE
OFFICE USE ONLY**

BOOTH # _____ **AMOUNT** _____

CHECK # _____ **DEPOSIT** _____

DATE _____ **BALANCE** _____

RECEIVED BY: _____