



**Home Builders Association of the Mississippi Coast
presents the
2018 Home Show
March 24-25, 2018 • Coast Coliseum Convention Center
Exhibitor Contract**



(please print)

Business Name _____

(as you would like it to appear on signage)

Contact Person: _____ Phone Number: _____

Contact Person During Show: _____ Phone Number During Show: _____

Mailing Address: _____

Fax: _____ Email: _____

Please list the product or service that will be exhibited in your booth: _____

RENTAL FEES

Members:			
Before January 31, 2018		After January 31, 2018	
1-10 X 10 booth	\$555	1-10 X 10 booth	\$655
Additional Booths	\$495	Additional Booths	\$595

Non-Members:			
Before January 31, 2018		After January 31, 2018	
1-10 X 10 booth	\$655	1-10 X 10 booth	\$755
Additional Booths	\$595	Additional Booths	\$695

Number of Booths: _____ Electrical Requirement (\$120 per connection): _____ Total Cost: _____

Deposit: **Due with application** (\$200 for the first booth, plus \$100 each additional booth).

Remaining balance is due by February 15, 2018. **Booths must be paid in full before you setup your booth.**

CANCELLATIONS: No refunds will be given for cancellations received after February 2, 2018. All requests for refunds must be received by HBAMC in writing.

Move in Thursday, March 22nd, 8am-5pm and Friday, March 23rd, 8am-3pm. Booths must be completed by **3pm** Friday, March 23rd. All displays **MUST** be taken down and removed from the Convention Center by midnight, March 25th.

AGREEMENT:

Please read the EXHIBITOR INFORMATION provided to you and double check all information supplied on this form. Your signature on, and submission of, this application for exhibit space indicates your agreement to be bound by all terms, conditions, rules and regulations specified within. By signing this agreement, it is understood and agreed that Vendor does hereby agree to fully and irrevocably indemnify and hold harmless the Association, the Officers, Directors, Agents and their employees, the Home Show Chairman and the Home Show Committee from and against any loss, claim, demands, or suits (including, but not limited to claims, demands, or suits for bodily injury, illness, disease, death or loss of services, property or wages) sustained by said parties as a result of personal injury or any other damages incurred by or caused to any person, invitee, licensee or guest entering upon the Coast Coliseum for the Home Show. In addition, the Vendor specifically agrees to defend at his/her own cost and expense, any claim or action covered by the aforesaid indemnity which is asserted or brought against any of the indemnified parties.

Each Exhibitor, his agents, employers and assigns, consents to the use of their name, photograph, likeness, biographical information and/or video for advertising and promotional purposes, including online announcements and without limitation and without compensation, except where prohibited by law.

Exhibitor Authorized Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Booth #: _____ Check #: _____ Amount: _____ Date: _____

Please return to: HBAMC, 10480 Corporate Drive, Suite 1, Gulfport, MS 39503 or kpalerma@hbamscoast.com or etrueblood@hbamscoast.com 228-896-7646