



2010 Leesburg Area Chamber of Commerce Business EXPO

Thursday, October 14, 2010 • 2:00 p.m. – 6:00 p.m. • Lake-Sumter Community College
Booth Agreement for Restaurants

Company representative: _____

Type of business/product: _____

Contact name: _____

Billing address: _____

Phone: _____ Fax: _____

If you are not a Leesburg Area Chamber of Commerce member, what Lake County Chamber of Commerce are you a member in good standing of? _____

******NEW RESTAURANTS (never participated before) \$125.00 REFUNDABLE DEPOSIT******

Leesburg Area Chamber of Commerce Members # _____ booths at NO CHARGE per booth; **without electricity**
_____ booths at NO CHARGE per booth; **with electricity**

As an exhibitor, you will receive:

- ◆ One booth area that will be 8 feet wide and 5 feet deep
- ◆ Pipe and drape including an 8 foot high back drape and 3 foot high side drapes
- ◆ One six foot skirted table and two chairs in your booth
- ◆ One white identification sign measuring 7 inches by 44 inches with black ink (40 character limit including spaces)
- ◆ Publicity in all listings (printed after contract is received) showcasing exhibitors
- ◆ Two free tickets for booth workers
- ◆ Invitation for two to the Sponsor Reception on October 13, 2010 at Lake-Sumter Community College, Magnolia Room; Reception will be from 5:00 p.m. to 7:00 p.m.

As an exhibitor, you will provide:

- ◆ A minimum of three-hundred (300) bites of your food
- ◆ Any plates, napkins, utensils, etc. that you will need for proper distribution of your food
- ◆ Monies in the amount indicated above prior to the event
- ◆ Garbage can(s) and bag(s) of sufficient supply
- ◆ Sufficient staff to man your booth at all times
- ◆ (Your display must be set up one hour prior to the start time of this event; you may arrive as early as 10:00 a.m.)

ANY restaurants that reserve a booth and fail to attend, do not provide their three hundred (300) bites or do not stay until the event ends will automatically be charged \$125.00 (the normal cost of a booth) unless otherwise decided by the Executive Director of the L.A.C.C. and/or the Board of Directors.

This will serve as a Letter of Agreement between the Leesburg Area Chamber of Commerce and the above stated company. Any changes to this agreement must be approved by both parties. Failure to pay the proper amount or to uphold any other part of this agreement is grounds for the L.A.C.C. to refuse your participation at this event as well as future events.

Please write any questions or requests you have here:

Payment information on reverse side – must be filled out!

Leesburg Area Chamber of Commerce Members

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Fax: (352) 787 – 3985 or mail to: Leesburg Area Chamber of Commerce, P.O. Box 490309 Leesburg, FL 34749-0309

Company Representative

Date

Payments made by credit

Name as shown on card: _____

Phone () _____ - _____ Fax () _____ - _____

Billing address _____

Form of Payment: Visa _____ Master Card _____ American Express _____ Discover _____

Card #: _____ Exp. Date _____ 3 Digit Security Code _____

Payments made in cash

Amount \$ _____ Paid on _____ Paid to (staff member's name) _____

Payments made by check

Amount \$ _____ Paid on _____ Invoice # _____ Check # _____

Invoice me

_____ (initial here)