

Antique Elegance

SHOW INFORMATION

DATES: Feb. 17, 2018 10:00 AM – 5:00 PM
 Feb. 18, 2018 10:00 AM – 4:00 PM
 LOCATION: Addison Conference Center
 15650 Addison Rd., Addison, TX 75001
www.dallasantiqueelegance.com

RETURN INFORMATION

Antique Elegance
 Aileen Brady
 7506 David Dr. Frisco, TX. 75034
 214-675-9775
aileen@dallasantiqueelegance.com

APPLICATION FOR DISPLAY SPACE

The undersigned (Exhibitor) hereby makes application for space in the Antique Elegance Show, by Aileen Brady (Management), for the purpose of exhibiting and selling antiques according to the Terms and Conditions as set forth by Management.

ALL ROOMS SET UP ON FRIDAY Feb. 16, 2018 9:00 AM-5:00 PM

Tear down on Feb 18 must be completed by 9:30PM or extra fees will apply.

CONFERENCE HALL

SIZE	PRICE	TABLES @ \$12 EACH	ELECTRICITY \$15
		TABLES with table covering @ \$18 EACH	
10 X 10	\$195.00	6 ft X ____ (count)	*We can set up your booth with tables and have them covered for \$18.00 each.
10 X 12	\$210.00		
10 X 20	\$365.00	8 ft X __0__ (count)	* Please note that no more 8 ft tables available for this show. All are reserved!
10 x 22	\$415.00 (Front Corners) *only 2		
10 X 22	\$370.00 (Back Corners) *only 2	6 ft X 18 inches X ____ (count)	
10 X 24	\$385.00 (Middle aisle only)		
21 X 22	\$750.00 (Front Corners) *only 2		
21 X 22	\$700.00 (Back Corners) *only 2		

EXHIBIT FEE

TOTALS	TOTAL	DEPOSIT	PD CK#	DATE	BAL DUE
_____ + _____ + _____ = _____	_____	_____	_____	_____	_____
(Booth Amt) (Elect Amt) (Table Amt)					

Make all checks payable to: Antique Elegance

HALLWAY

10 X 10	\$165.00
10 X 20	\$315.00 (Will have pole in middle)
10x10 E1 or E2	\$250.00 (in Main Entrance) NEW
Just a 6 ft. table by the window	\$100.00 NEW

TOTALS	TOTAL	DEPOSIT	PD CK#	DATE	BAL DUE
_____ + _____ + _____ = _____	_____	_____	_____	_____	_____
(Booth Amt) (Elect Amt) (Table Amt)					

Application for exhibit space will be considered on a first served basis. Application will not be accepted unless fully completed and accompanied with 50% of the exhibit fee total as a deposit. The balance of the exhibit fee is due **DECEMBER 1**. This application will only become contractually binding upon approval of the management. Please sign **TERMS & CONDITIONS**.

NAME OF EXHIBITION: _____

NAME OF EXHIBITOR: _____

ADDRESS: _____

CITY-STATE-ZIP: _____

TEL: _____ EMAIL: _____ WEBSITE: _____

PROMOTION ITEMS NEEDED: MAILERS _____

EXHIBITOR/DATE

MANAGEMENT/DATE