



Company Name: _____ Web Site: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Email: _____

Person in charge of Exhibit booth:

1. _____ 2. _____

Briefly describe your exhibit material:

Do you wish to donate a prize to the SMCAA Drawing? () Yes () No

If yes, please describe the prize: _____

Do you plan to hold a prize drawing at your booth during the conference? () Yes () No

If yes, Please describe the prize: _____

SMCAA Member Booths: \$200.00 _____

Non –Member Booth: \$325.00 _____

Additional Meal Ticket for Monday: _____ x 45.00 = _____

Amount enclosed: _____

Please return form along with Certificate of Liability Insurance and payment by August 15, 2018:

SMCAA
1014 Northeast Drive
Jefferson City, MO 65109
Phone: 573-635-2299
Fax: 573-635-4245
Email: jknernschild@smcaa.org
Website: www.smcaa.org

Signature _____

Liability: Neither SMCAA nor Tan-Tar-A shall be accountable or liable for any damages, loss, harm, or injury. The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the Hotel premises and will indemnify, defend, and hold harmless the Hotel, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims."

Care of Building and Equipment: Exhibitors or their agents are liable to the owner of the property for any damage to the walls, floors, or booths.

Security: The exhibit hall will be locked when not in use. No responsibility for loss will be assumed by SMCAA or Tan-Tar-A.

Cancellation Policy: In the event that an exhibitor cancels this contract after August 15 or otherwise fails to occupy his assigned space, SMCAA is entitled to full payment for Booth space. Submission of application indicates acceptance of this policy.