

# ACCO/PHCC Ohio Mary Williams Exhibit Space Contract



2020 ACCO/PHCC Ohio Mary Williams Expo  
8226 Stoney Brook Dr., Chagrin Falls OH 44023 / 877-553-3976 / info@ohioconvention-phccacco.org

## Company Info (Please Type/Print company name as it is to appear on booth sign & other info)

Company: \_\_\_\_\_ Exhibiting as: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_  
Products/Services to be exhibited \_\_\_\_\_

## Exhibit Contact Info (This individual will receive all future Expo communications)

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Exhibit Booth Costs (Must be paid in full by January 31, 2020)

6' x 10' Standard \$690.00  End Booth (shaded) \$720.00 / Booth Preference: 1st Choice: \_\_\_\_\_ 2nd Choice \_\_\_\_\_

Please do not put me next to: \_\_\_\_\_

### Discounts (from net)

5% of total for two or more booths  5% if paid in full no later than November 30, 2019  5% if State Associate Member

Electric (SEPARATE ORDERING INFO WILL BE SENT IF NEEDED)

YES! We will be glad to distribute complementary tickets for the 2020 Expo! Please send \_\_\_\_\_ tickets

## Payment Info (To validate this contract, please...)

1. Send \$100.00 deposit or pay in full for each space you wish to reserve (Booths reserved on a first come, first served basis)

2. Agree to accept the space assigned unless notice to the contrary (We reserve the right to make changes at a later date if necessary to accommodate all exhibitors)

3. Return this contract with payment to: ACCO / PHCC Ohio Convention, 8226 Stoney Brook Drive, Chagrin Falls, OH 44023

by Fax: 216-393-0095 or Email: [rocco@ohioconvention-phccacco.org](mailto:rocco@ohioconvention-phccacco.org)

Check  Credit Card (check one)  VISA  MC  DISCOVER  AMEX

Booth Deposit \$ \_\_\_\_\_ or  Paid in full \$ \_\_\_\_\_

Total Amount to be charged \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Email address for CC receipt \_\_\_\_\_