The X-Fest Columbus Application - 2011

Show Date: October 29, 2011 **Show Hours: 9am to 6pm** **Deadline: August 3rd, 2011 or until Full**

OFFICE USE ONLY

CC	#	$	Sz:	#
Bank Name ->		CK#	C	Tables
Accfeptance Date:		Late Fee	ELEC	Badges:

Expo Held at: (no mailings)
Veterans Memorial Hall
300 West Broad Street
Columbus, OH 43215
614-221-4341

Mail Application & Payment to:
Po Box 852
Worthington, OH 43085
614-430-9199 or
FAX 614-430-9189

Please print to insure proper spelling on Web Site and program *Would you like the same booth as last year? YES NO if not, suggest a booth _____

Name:	**Booth Name:**
Address:	**Sharing? with**
City:	**State:** **Zip:**
Tel:	**Cell:**
Email:	**Web Site:**

Check ALL that apply

__ Speaker
__ Author
__ Live Demonstration
__ Samples
__ Organization
__ Comic Dealer
__ Fettish
__ Ghost Hunters
__ Paranormal
__ Supernatural
__ Ghost Equipment
__ Specialty
__ Costumes
__ Web Site
__ Magician
__ Tarot
__ Fortunes
__ Voodoo
__ Wicca
__ Clothing
__ Alternative
__Movies
__Photography
__Visual Arts
__Music/Soundtracks
__Entertainer
__Jewelry or Handmade items
__Candles
__Books
__Catalog
__Sales
__Imports
__Food
__Other

Please Explain: _____

Booth Size Circle One	10 x 10 $150	10 x 20 $275	10 x 30 $400	10 x 40 $500	Total Amount

Description	**Charges**	
Corner Booth Request must add	$30	
Each additional Table after one	$10 each	
Late Fees	$25	
Each additional Badge after two (two badges per 10 x 10 booth)	$5 each	
Sharing a Booth with another vendor? (maximum 2 vendors per 10x10)	add $20 each vendor	
Do you need electricity in your booth? This will be payable to the Expo Center	yes no	
Will you be using a Canopy or any display that will have walls or obstruct any side of your booth?	yes no	N/A
PROGRAM ADVERTISING (check one) ___ Business card $45 ___ 1/4 page $80 ___ 1/2 page $150 ___Full Page Back Cover $300		
Grand Total of all charges / Amount Enclosed		

Payment type: Check or VISA MasterCard

Card Number ____ – ____ – ____ – ____

Expiration Date __/__ **Zip Code for Billing** _____ **Three Digit Code on Back** ___

Name as it appears on Card _____ Signature: _____

Vendor Information: Vendors will receive a booth with pipe and draping, one table, and chairs. Vendors must buy their own Parking pass ($5)
Conformation: You will receive confirmation three weeked prior to the expo unless applications are mailed in late. Confirmations will then be mailed out as they arrive and are processed. (within a week) **NO PARKING PASSES WILL BE ISSUED FOR THIS EVENT!**

Contract Rules and Regulations: Booth space is filled on a first come first served basis. Any application mailed in after the due date must accompany a late fee. Applications are processed in the order they are received. Cancellations received within 48 hours of contract date will receive a full refund. Cancellations received 3 or more months prior to the contract date will receive a full refund, less a $75 cancellation fee. Any cancellations 45 days or less from date of contract or "No Shows" will receive no refund. Reservation of booth space is subject to Expo management approval.
I understand that Synergy Promotions, Kelly Bowman, nor the Gift of Light Expo are legally liable for any lost, stolen or damaged items or goods belonging to myself or any persons participating in the Expo. Nor is Gift of Light Expo, Kelly Bowman, or Synergy Promotions legally responsile for any accidents or injueries that may occur on Expo property that I or anyone in my booth party may experience during any time. I understand that I am responsible for all insurance coverage and licensing for my booth space.

_____ Signature _____ Date

Would you like to Donate an item for the door prize drawings? YES NO It will benefit the Luekemia & Lymphoma Society's "Light the Night" Walk.

Would you like to be a Speaker this year at the Expo? YES NO Please email Kelly with your name, class title and bio and send it to: kelly.bowman@sbcglobal.net