



SOUTH CENTRAL REGION

REGION OF THE INTERNATIONAL ASSOCIATION OF BLACK PROFESSIONAL FIRE FIGHTERS

Exhibitor Application and Agreement

INSTRUCTIONS: Application must be signed, completed and accompanied with correct amount. Make cashier's check or money order payable to IABPFF/SCR.

Freddie Jackson, Sergeant-at-Arms IABPFF/SCR

8714 Donley Ave. Houston, TX 77088

713-480-5192 (c) E-mail: jacksonf@flash.net

1. Exhibitor information will be listed exactly as is.

Please type or print legibly:

Vendor/Exhibitor Name: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Daytime Phone: _(_____)_____ Evening Phone _(_____)_____

E-Mail Address: _____

Please detail goods or services sold: _____

Enclose brochure, photograph(s) of merchandise to be sold.

Name(s) of representative(s) staffing booth: _____

2. Contact name, if different from above:

IABPFF/SCR agrees to provide the specified exhibit space to the exhibitor for the term designated below. Exhibitor agrees to pay the specified fee for the space.

3. EXHIBIT SPECIFICATIONS:

The IABPFF/SCR will provide one (1) 6 foot skirted table and two chairs. Space is assigned on a first come first served basis. We reserve the right to limit the products or service categories. Food and beverages may not be sold. Electrical outlet accessories are available for an additional cost as listed on the price list.

4. EXHIBITOR FEES: (Full payment is due with application)

Members/non profit\$ 100.00

Minority/Small Business\$ 100.00

Corporate\$ 150.00

Number of spaces required

Exhibitor Fee:

Electrical Accessories:

Power Strip 20 amp Extension cord

TOTAL AMOUNT ENCLOSED \$ _____

5. CANCELLATION FEE SCHEDULE:

All requests must be in writing within 30 calendar days of conference date – 50% refund. Within 15 calendar days of conference date – NO REFUND

6. CONFIRMATION:

Confirmation will be sent upon approval by IABPFF/SCR of this signed Agreement and full payment

7. EXHIBITOR REGISTRATION:

The IABPFF/SCR will provide up to two exhibitor badges per table. Please check in at the registration area for your packet

8. GENERAL RULES AND REGULATIONS:

Exhibitor acknowledges that this Agreement shall be binding between the Exhibitor and the IABPFF/SCR and that the IABPFF/SCR has no obligation to provide exhibitor space to any party. The IABPFF/SCR will make reasonable effort to separate exhibitors of like products, but no assurances can be given as to such separation.

LIABILITY, SECURITY AND INSURANCE: The IABPFF/SCR will not provide security in the exhibit hall area, however Exhibitor acknowledges that they assume the entire responsibility and liability for losses, damage and claims arising out of injury or damages to displays, and other property brought onto the hotel premises, and shall indemnify, defend and hold harmless the IABPFF/SCR, their owners, officers and employees from any and all such losses, damage and claims.

It is at your discretion to breakdown and reassemble your exhibit every day. It is recommended that Exhibitor obtain insurance coverage, at its own expense, covering its liability for property loss or damage.

USE OF IABPFF/SCR NAME AND LOGO IS PROHIBITED: Exhibitor acknowledges that the rental of exhibitor space at the convention does not authorize exhibitor to use the trademarks or associations of the IABPFF/SCR in any products, services, advertisements, newspapers or publications or to state that the IABPFF/SCR in any way endorses the services or products of its Exhibitor.

THE IABPFF/SCR SHALL HAVE FULL POWER TO AUGMENT, INTERPRET, AMEND AND ENFORCE THESE RULES AND REGULATIONS. WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING THE EXPOSITION AS PRINTED BELOW AND WHICH IS A PART OF THIS AGREEMENT. ACCEPTANCE OF THE APPLICATION BY THE INTERNATIONAL ASSOCIATION OF BLACK PROFESSIONAL FIRE FIGHTERS/ SOUTH CENTRAL REGION CONSTITUTES A CONTRACT.

IF THE EXHIBITOR FAILS TO PAY THE SPECIFIED FEE OR VIOLATES THIS AGREEMENT IN ANY WAY, IABPFF HAS THE RIGHT TO TERMINATE THIS CONTRACT. IN THE EVENT OF A DEFAULT, THE EXHIBITOR WILL FORFEIT ALL FEES PAID FOR THE EXHIBIT SPACE. NO REFUNDS WILL BE MADE FOR CANCELLATION AFTER APRIL 3, 2014.

I have read and agree to the terms of this agreement.

Exhibitor representative signature: _____

Print or type name: _____

Title _____ Date: _____

OFFICIAL USE ONLY: IABPFF/SCR Representatives Authorization

Officials Name (Print): _____

Officials Signature: _____

Title: _____ Date: _____

Method of Payment/Number: _____