



877-905-SOBE (7623) Fax: 954-404-6740 Email: hair@sobehairshow.com Web: SoBeHairShow.com  
 Address: 1521 Alton Rd, #560 Miami Beach, FL 33139

## EXHIBITOR FORM

### MIAMI BEACH CONVENTION CENTER

December 11&12, 2011

Company Name <i>(as it will appear on booth sign and program listing)</i>		
Contact Person		
Address		
City	State	Zip
Phone	Fax	
Email		

QTY	Exhibitor's Booth	Price	Total
	10'X10' BOOTH SPACE ONE (1), 6 Ft. Skirted Table TWO (2) Chairs ID Sign 5 Exhibitor Passes	\$500	
	10'X20' BOOTH SPACE TWO (2), 6FT. Skirted Tables FORU (4) Chairs ID Sign 10 Exhibitor Passes	\$950	
	CORNER SPACE ADDITIONAL (Space Limited)	\$50	
		<b>TOTAL DUE</b>	

<b>BOOTH SELECTION:</b> (Floor plan subject to change) Please indicate your first five (5) booth location preferences: 1ST _____ 2ND _____ 3rd _____ 4th _____ 5th _____
Category/Description of products/services to be offered: ▶
Specific companies that you <b>do NOT</b> wish to be near: ▶

**Payment Information** All exhibitor fees are nonrefundable. **Date** \_\_\_\_\_

**Type of Payment**  Visa  MasterCard  Amex  Check  Cash (Make Payable to SoBe Hair Show)

**Name of Card Holder** \_\_\_\_\_

**Card #** \_\_\_\_\_ **CVV** \_\_\_ \_\_\_ **Exp. Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

I understand that this application will become a binding contract upon acceptance by SoBe Hair Show and is subject to the terms, conditions and regulations which hereto constitute a part of, or are included in this application and contract.