

BOOTH #

OFFICE USE ONLY



**NORTHEAST OHIO
SPORTSMAN SHOW**
JANUARY 16TH-18TH, 2025
MT. HOPE EVENT CENTER
MILLERSBURG OHIO 44654

DATE RCVD:

DEPOSIT:

BALANCE:

PIF/DATE:

JW PROMOTIONS HEREBY LEASES TO:

EXHIBITOR: _____
(include DBAs for advertising purposes)

ADDRESS: _____ **CITY** _____ **STATE** _____ **Zip** _____

PHONE: _____ **FAX** _____ **CELL** _____

Email _____

Product Information (REQUIRED) Include full description of items to be displayed, including manufacturer where applicable

Booth space is available for the "Northeast Ohio Sportsman Show" January 16TH-18TH, 2025 located at the Mt Hope Event Center 8076 St. Rt. 241 Millersburg Ohio 44654, for the purpose of exhibiting, demonstrating and otherwise advertising their name and product. JW Promotions will assign the location of the booth spaces after the representatives of JW Promotions receive payment for the booth rental and have approved the contract.

_____(**INITIAL**) For, and in consideration of the lease space, the above-named Exhibitor does hereby agree to pay to the order of JW Promotions, the sum specified below which covers rental and advertising of the "Northeast Ohio Sportsman Show" for the duration of the show. The type of advertising will be chosen at the sole discretion of JW Promotions. The advertising will be reasonable in nature, and is intended to maximize the shows exposure through various types of media: Radio, Newspaper Banners & Flyers I am authorized on behalf of the company I represent, to release JW Promotions and it's officers, agents and employees from any liability such as bodily injury, property damage (including merchandise and equipment), personal injury, and medical payments that may occur while represented company and its employees are occupying any of the Mt. Hope Event Center. premises: which may be caused from natural disasters or manmade such as fire, theft, flooding, etc. these liabilities and disasters listed here are not all inclusive; therefore any incident that occurs will be deemed as included under this agreement; thereby releasing JW Promotions, James J Witzky, Mary T Witzky and or the Mt. Hope Event Center of any responsibility.

_____(**INITIAL**) Exhibitor must carry liability insurance protection, and Exhibitor must provide a certificate of such to JW Promotions along with a signed contract and payment for booth space. JW Promotions will not be liable to Exhibitor, Exhibitor's employees, agents, or visitors or to any other person whomsoever for any injury or damage to property at or about the premises caused by the negligence or misconduct of Exhibitor, its agents, **servants, or employees. Exhibitor agrees to indemnify JW Promotions and hold them harmless from any loss, expense or claim arising out of such damage or injury.** I agree that no booth tear down will started before 5pm Saturday January 18TH, 2025 unless approved by a representative of JW Promotions.

Booth Rental Fees include advertising, pipe and drape and electricity. Tables and Chairs will be available for rental 8' Tables \$15 and Chairs \$3 each for the event. There is a \$75 charge to have signage hung. Table covers are the responsibility of the exhibitor. Exhibitors are responsible for placing provided trash receptacles to the front of your booth at the end of each day.

Until signed by a representative of JW Promotions, this application only constitutes as an application for the Exhibition at the show listed above.

NO EXHIBITOR WILL BE "ASSIGNED" A BOOTH SPACE UNTIL ALL FEES ARE PAID IN FULL. A deposit only "RESERVES" your space payment in full by DECEMBER 15, 2024 assures "ASSIGNMENT" of spaces

_____(**INITIAL**) I ALSO ACKNOWLEDGE THAT IN THE EVENT THE STATE OR LOCAL HEALTH DEPARTMENT ISSUES A "STAY AT HOME" ORDER, OR MANDATES THE CLOSURE OF CERTAIN PROGRAMS AND/OR FACILITIES, PARTICIPANT(S) WILL BE ENTITLED TO A PARTIAL CREDIT AT THE DISCRETION OF JW PROMOTIONS. REFUNDS WILL NOT BE ISSUED

ALL RENTAL FEES ARE NON-REFUNDABLE 30 DAYS PRIOR TO THE SHOW

SECURITY WILL BE ON SITE

_____(**INITIAL**) EACH EXHIBITOR WILL RECEIVE 4 EXHIBITOR PASSES PER DAY PER 10 X 10 SPACE. PLEASE SUBMIT NUMBER OF EMPLOYEES PER DAY NO LATER THAN DECEMBER 15, 2024. THESE PASSES ARE FOR WORKERS ONLY, DISCOUNTED TICKETS CAN BE PURCHASED FOR FAMILY MEMBERS IN ADVANCE @ \$7 EACH. INDICATE IF FRIENDS AND FAMILY PASSES ARE NEEDED (LIMIT OF 10 PER COMPANY.)

SET UP: MONDAY JANUARY 13TH-8AM-5PM, TUESDAY JANUARY 14TH 8AM-5PM, WEDNESDAY JANUARY 15TH 8AM-6PM, THURSDAY 16TH 8AM-12PM

ALL EXHIBITS MUST BE UP AND READY TO GO BY 1:30 NO EXCEPTIONS

SHOW HOURS: THURSDAY 2PM-8PM, FRIDAY 9AM-9PM, SATURDAY 9AM-5PM

TEAR DOWN: SATURDAY 18TH FROM 5-7PM. MONDAY JANUARY 20TH, 8AM – 11AM

EXHIBITS MUST BE STAFFED DURING SHOW HOURS

ELECTRICAL: EXHIBITORS ARE RESPONSIBLE FOR HEAVY DUTY EXTENSION CORDS AND A POWER STRIP	
110	FREE
220 HOOK UP	\$150.00 (ADD BELOW)
SIGN HANGING	\$75.00 (ADD BELOW)

A NONREFUNDABLE DEPOSIT OF 50% MUST ACCOMPANY CONTRACT OR BE RECEIVED BY AUGUST 31, 2024, TO GUARANTEE A SPACE IS "RESERVED". PLACEMENT IS BASED ON POSTMARK DATES AND DEPOSITS RECEIVED. ALL DEPOSITS MUST BE RECEIVED NO LATER THAN AUGUST 31, 2024 OR YOUR SPACE WILL BE FORFIETED. ALL RENTAL FEES MUST BE PAID IN FULL BY DECEMBER 31ST, 2024.

SEND PAYMENTS TO: JW PROMOTIONS, PO BOX 208, HOWARD OHIO 43028

ALL CHECKS MUST BE FROM A U.S. BANK ACCOUNT AND MUST INCLUDE YOUR COMPANY NAME IF WRITTEN FROM A PERSONAL ACCOUNT.

\$50.00 RETURN CHECK FEE

ANY SPECIAL INSTRUCTIONS REGARDING PAYMENT PROCESSING OR PLACEMENT MUST BE REQUESTED IN WRITING WITH YOUR CONTRACT!

BULK SPACE LIMITED TO 20X30

BOOTHS ARE SOLD IN 10 X 10 INCREMENTS. (\$550.00 per 10x10)

CORNERS ADDITIONAL \$200

NUMBER OF 10 X 10 SPACES _____ **@ \$550.00** \$ _____

CORNERS ADDITIONAL _____ **@\$200.00** \$ _____

ADDITIONAL SERVICES AS INDICATED ABOVE \$ _____

SPONSORSHIP PACKAGE \$4000.00
INCLUDES 10 X 20 END \$ _____

TOTAL RENTAL FEES \$ _____

CREDIT CARD PAYMENTS:
BALANCES WILL AUTOMATICALLY BE CHARGED BY "PAY IN FULL DATE"
CREDIT CARD TRANSACTIONS WILL BE CHARGED AN ADDITIONAL 2%

Date: _____		
Business Name: _____		
Authorized Name _____	Signature: _____	Print _____
Billing Address for Card Statement: _____		
Payment Method Visa, Master Card, AMEX # _____ exp. _____		