DELAWARE VALLEY FOA TRADE SHOW 2025

P.O. Box 45583, Philadelphia, PA 19149
(215) 852-4738
admin@dvfoa.com
www.dvfoa.com

VENDOR APPLICATION AND CONTRACT FOR EXHIBIT SPACE

1. Firm Name _____ The undersigned (hereafter called the "exhibitor") hereby applies for space in "**Delaware Valley FOA Trade Show**" at **Harrah's Atlantic City** **April 29th, 2025**

2. Amount Enclosed _____ No. of Booths _____ (Brokers : 2 Major Lines per booth) _____

Booth Fee is **$2199** for all booths if application and fee are received by **FEB 20th, 2025** Otherwise all booths are **$2499**. Your check should accompany this contract and be received no later than **FEB 20th, 2025** The exhibit fee includes : 10' x 10' booth.6' table. 2 chairs. pipe & drape and exhibitor signage. Booth fees are non-refundable after **FEB 20th, 2025** Refund requests must reach our office in writing by **FEB 20th, 2025**

3. Programs or services to be exhibited : The following description is intended to aid us in avoiding service conflicts from space assignments.

_____

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4. All correspondence should be addressed to : **DVFOA, P.O. Box 45583, Philadelphia, PA 19149** This contract shall not be binding unless and until it is approved in writing by show management with the signature of our duly authorized representative.

5. The exhibitor agrees to and understands **Delaware Valley FOA** and assume no liability for any loss or damage or liability for any injury to any person resulting from any act or omissions occurring during or in transit to or from the show. Each exhibitor assumes complete responsibility and liability for all loss, damage or destruction of the show site by the exhibitor or any person brought on to the property of his/her behalf. The exhibitor also assumes all responsibility and liability for injury to any person or property in any way connected with the exhibitor's display caused by the exhibitor, his agent representative or employee.

6. IN WITNESS WHERE OF, APPLICATION HAS CAUSED THE CONTRACT TO BE SIGNED BY AN OFFICER OR PERSON DULY AUTHORIZED.

FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____ FAX _____

(PRINT NAME) _____

BY _____ TITLE _____

(For office use only)

ACCEPTED BY SHOW MANAGEMENT

BY _____ DATE _____

BOOTH # _____

Please Submit this form to email: admin@dvfoa.com or (215) 852-4738 or mail to : DVFOA, P.O. Box 45583, Philadelphia, PA 19149