



Delta Ag Expo Corporation
APPLICATION FOR 2020 EXHIBIT SPACE

P. O. Box 1678, Cleveland, MS 38732-1678

Phone: Laura (662) 721-2337

Fax: (662) 843-5611

email: owensl@bellsouth.net



COMPANY NAME: _____

Contact Person: _____ Title: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Fax _____

email address: _____

Product Description:

Please give a full description of the products/services you wish to exhibit and attach brochures or pictures for jury purposes. Misrepresentation may result in cancellation of space if granted on inaccurate information. _____

Your application will be placed in one of five divisions according to the above description:

- _____ (1) Equipment/Machinery Sales and Service
- _____ (2) Chemical Sales
- _____ (3) Seed/Fertilizer Sales
- _____ (4) Service to Agriculture
- _____ (5) Educational/Informational

*In your opinion, which division best describes your exhibit? (please check only one division)

The Delta Ag Expo Committee reserves the right to change your division according to your description of services.

EXHIBIT SPACE RATES:

1. Standard **Inside** Booth Space.....10' x 10' @ \$4.25 sq.ft. = \$425.00

Inside exhibit space rental includes the following:

- 8' high draped backdrop
- 3' high side-draped booth divider
- one standard company sign
- one 8-foot draped table
- two chairs
- one waste can
- general cleaning of exhibit hall
- electrical outlet

2. **Outside** exhibit Space.....25' X 50' @ \$125.00

- located in parking area adjacent to exhibit hall

SIZE INSIDE EXHIBIT SPACE REQUIRED: _____

SIZE OUTSIDE SPACE REQUIRED: _____

All applications will be reviewed each year by the Delta Ag Expo Board of Directors and exhibit space will be filled as the Executive Committee chooses to keep a desired balance and variety of exhibits. The Delta Agricultural Exposition Corporation reserves the right to refuse any application that may be made.

Sign below acknowledging that you have read and fully understand the contents of this application.

 (Print or type name)

 (Signature of company representative)

RETURN APPLICATION TO: Delta Ag Expo Corporation
 Attention: Laura Owens
 P. O. Box 1678
 Cleveland, MS 38732-1678

| | | |
|---------------------------|----------------------------|------------------------|
| FOR SHOW MANAGEMENT ONLY: | | |
| Date Received: _____ | Date Space Assigned: _____ | Number Assigned: _____ |