

EDGEWATER MALL SPRING INDOOR SHOW

Friday, April 27th, Saturday, April 28th - 11am-7pm

Sunday, April 29th – 12pm-5pm

Registration Form

Company: _____ Contact: _____

Address: _____ City: _____ ZIP: _____ State: _____

Cell: _____ Email: _____

Email: _____

Website: _____

Business Category: _____

Products/Services: _____

Single Space (10x10) \$75.00 _____ Double Space (10x20) \$150.00 _____

(Good for 3 days - Amount Due; \$ _____)

(Current Both Space Price Points - Limited Time Offer)

- Until a signed agreement and payment vendor is not guaranteed space or to be included marketing & promotional campaign.
 - If event must be rescheduled all fee payments are to be applied to the rescheduled date.
- I understand that and agree that I will not be able to sublet or sell any part of my booth to any vendor, business or individual.
 - You are only allowed to sell your product or service and no other product or service.
 - Any vendor doing so will be asked to remove such items in question.
 - I understand no early breakdown of my booth or leave before the show conclusion time.
 - I understand that I will be allowed to sell products, and only solicit attendees from booth space.
- The only microphone allowed, and pre-arranged announcements allowed will be provided by Clear Vision Entertainment, LLC.
- I understand that if any of the above sections of this agreement are violated, I will be removed from the show immediately.
- Clear Vision Entertainment, LLC reserves the rights to cancel or refuse this agreement at sole discretion, at will and at any time with a 24hr notice and refund will be at the discretion of Clear Vision Entertainment, LLC.
- I agree to protect, indemnify, and save harmless Clear Vision Entertainment, LLC. and Edgewater Mall from and against all loss, costs, damage, and expenses occasioned by, or arising out of accident or other occurrence causing or inflicting injury and/or damage to any person in or around the leased premises.
- By signing your signature indicates that you understand and agree to the following terms, payments, and refund policies.

Company Name: _____

Print Vendor Name: _____

Vendor Signature: _____ Date: _____

Clear Vision Entertainment, LLC, 2422 Regency Dr., Biloxi, MS. 39532 – (228)-860-5015



www.ClearVisionEnt.net

