



EXHIBITION APPLICATION

RETURN BY MONDAY, AUGUST 31 TO THE CHAMBER OF COMMERCE

FAX: 814/539-5800 OR MAIL: 245 MARKET STREET, SUITE 100, JOHNSTOWN, PA 15901-2910

Contact Name _____
 Company _____
 Billing Address _____
 City, State & Zip Code _____
 Phone Number _____ Fax Number _____
 E-mail _____

BOOTH SPACE*:

All booths are 10' wide by 8' deep with the following exceptions: # 22 is 15' x 8' (additional cost of \$110)
27 is 17' X 8' (additional cost of \$200). Premium booths are: #s 1, 2, 14, 13, 44, 52, 53, 61, 62, 70, 71 and 79

	HBAA/CHAMBER MEMBER	NON-MEMBER
Main Floor & Lobby	\$385	\$450
Outside Exhibits (2 available)	\$325	\$385
Premium Booths	\$415	\$480
Electric (per exhibitor)	\$ 15	\$ 15

*Each exhibitor will receive two tickets to the private VIP Opening Ceremony on Friday, October 30, 2009.

We prefer area number(s) _____ from the floor plan provided, but understand our first choice(s) may not be available. **Booth #66 is reserved for the Home Builders Association.**

6 foot table Yes _____ No _____ draping Yes _____ No _____
 2 chairs Yes _____ No _____

SEMINARS: \$250 per 30-minute presentation to Home Show exhibitors and attendees.
There is no cost for exhibitors or visitors to attend the seminars.

Description of your display _____

PAYMENT INFORMATION

of Booths _____ @ \$ _____ = \$ _____
 Additional cost for booth #s **22** (\$110) or **27** (\$200)= \$ _____
 Electric _____ @ \$ 15 _____ = \$ _____
 # of Seminars _____ @ \$ 250 _____ = \$ _____
 Total = \$ _____

A 50% deposit is required with your registration. Payment in full must be received by Wednesday, September 30, 2009. All payments are non-refundable.

Check enclosed # _____ (make payable to Chamber of Commerce)

Credit Card

Name on Credit Card _____
 MC/Visa/AmEx/Disc# _____ Exp. date _____ ZIP Code _____
 Signature: _____