



JANUARY 11,12,13 2018

# Official January Exhibitors Registration Contract

\*For priority placement, please return as soon as possible

Move-in: Jan. 11, Thursday 8am - 3pm  
Showtime: Jan. 11, Thursday 3pm - 7pm  
Showtime: Jan. 12, Friday 10am - 6pm  
Showtime: Jan. 13, Saturday 10am - 4pm  
Move-out: Jan. 13, Saturday 4pm - 8pm

### Office Use Only

Received Date: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Assigned Booth(s): \_\_\_\_\_

Approved Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

**CONTACT INFORMATION:** Date: \_\_\_\_\_ Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Second Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ 2nd Email: \_\_\_\_\_ Website: \_\_\_\_\_

## PRICING: Standard Booth Pricing: \$550.00\* per 10 ft x 10 ft booth

Each booth includes two chairs, wastebasket, booth ID sign, show program listing.

Corner premiums are an additional \$100.00 each.

## Shared Booth Pricing: \$350.00 per artist(maximum of one to two products for a shared booth artist)

A maximum of two artists may share one 10 ft X 10 ft booth for the show. Artist Share booths and each Artist still get one chair, ID sign, program listing.

### EXHIBIT SPACE:

I would like to be beside or near the following companies: \_\_\_\_\_

I do not wish to be near the following companies: \_\_\_\_\_

Corner Premium Booth Upgrade (\$100 Fee) # \_\_\_\_\_  Inline Booth # \_\_\_\_\_

Booth #(See Floorplan) : 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

**PRODUCT DESCRIPTION:** \_\_\_\_\_

**PAYMENT SCHEDULE:** Deposit (50%): Due to reserve your space, All applications submitted past initial deadline date must

include a 50% deposit. Booth assignments will not be final until 50% deposit is received. Final payment: Due Aug. 1, 2017.

Full payment due with contracts submitted after Aug. 1, 2017. \*Additional \$50.00 charge per booth after Aug. 1, 2017.

Mail payments to: PO Box 200846 Anchorage, Alaska 99520. **Please make checks payable to Alaska Genesis Productions Inc.**

A cancellation fee of 100% of the total exhibit space will be applied for cancellations made after Aug. 1st 2017. Exhibit space cannot be made without the required payment. Exhibit space reservation cannot be guaranteed if payment schedule is not maintained. By signing this agreement, the exhibitor agrees to the terms and conditions outlined above and in pre-show packet.

SUB-TOTAL: \_\_\_\_\_ DEPOSIT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibitor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alaska Genesis Productions Inc.

### Show Price Calculation

Total # \_\_\_\_\_ Booths x \$550= \$ \_\_\_\_\_

Corner Booths \$100: \$ \_\_\_\_\_

Website Link \$45: \$ \_\_\_\_\_

Buyers Guide Ad: \$ \_\_\_\_\_

Sub-total: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Check

Mail to Alaska

Genesis

Productions Inc.

PO Box 200846

Anchorage, AK 99520

Credit Card

\*Fill out Credit Card

Authorization Form

Scan/Email to:

info@alaskagiftshow.com

Fax to 907-258-2233

PLEASE RETURN THIS CONTRACT TO: ALASKA GENESIS PRODUCTIONS INC. [www.AlaskaGiftShow.com](http://www.AlaskaGiftShow.com)

FAX: 907-258-2233 E-MAIL: info@alaskagiftshow.com MAIL: PO Box 200846, Anchorage, Alaska 99520 PHONE: 907-929-2822



## Credit Card Authorization Form

If you would like to pay by Credit Card, please fill out the following form and mail or fax to our office

Company Name: \_\_\_\_\_

Credit Card Type (Circle One):      Visa      M/C      Discover

Name as appears on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security(CVV) Number: \_\_\_\_\_ (Last 3 digits usually found on signature line on back of card)

Amount to Charge: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

Billing Address City, State, Zip: \_\_\_\_\_

I authorize Alaska Genesis Productions Inc. to charge to my credit card account and I accept these charges.

Fax to:  
Alaska Genesis Productions Inc.  
Alaska Gift Show  
Attn: Accounts Receivable  
(907)258-2233

Signature: \_\_\_\_\_

### Pay by Check Form

I would like to pay by check, Please fax me a invoice to FAX#: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mail Check to: Alaska Genesis Productions Inc.

Attn:Accounts Receivable, PO Box 200846 Anchorage, Alaska 99520