

*Fall*  
*2009* **LAKELAND**  
**HOME &**  
**GARDEN SHOW**

**EAST COAST CONSUMER SHOWS**

200 Wilson Street • Port Jefferson Station, NY 11776

Tel: 631-474-2520 • Fax: 631-474-1949

**OCTOBER 16, 17, 18, 2009**

**THE LAKELAND CENTER**

701 W. Lime St. • Lakeland, FL 33815

**EXHIBITOR'S CONTRACT**

Exhibiting Firm Name \_\_\_\_\_

Full Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax (     ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Products and Brand Names to be Exhibited \_\_\_\_\_

1. Your location within the exhibit area will be decided by East Coast Consumer Shows Inc. ("ECCS") You will occupy only the licensed area and conduct your business at your own risk and in a businesslike manner in accordance with all state, local and other laws. Any violation of this promise will result in ejection from the show at the sole discretion of ECCS with no refund and no liability on the part of ECCS.
2. All exhibits must remain intact for the duration of the show hours and then removed from the premises by you at your own cost and expense by 9 pm on Oct. 18, 2009. No security will be provided after 5pm on Sunday Oct. 18, 2009. You agree to staff the booth for the entire period the show is open on all days the show is open.
3. Neither ECCS nor Lakeland Center shall be responsible in the event that the show is cancelled or shortened or the dates changed due to inclement weather, acts of God or nature, acts of war or any other reason whatsoever. NO REFUNDS OR CREDITS WILL BE GIVEN.
4. ECCS will not be obliged to refund any part of the exhibit fee should Exhibitor cancel for any reason after signing Exhibitor Agreement. No Exhibitor who is not paid in full by Sept. 16, 2009 shall be permitted to pay in full on the date of the exhibit and will also be held liable for any outstanding balance.
5. Exhibitor shall and does agree to indemnify, defend and hold ECCS and Lakeland Center, their successors and assigns harmless for any and all liability for damage to property or injury to persons resulting from or arising out of the operation of the Exhibitor's business or booth pursuant to this agreement including the setting up and dismantling of the exhibits.

**EXHIBITOR RATE:** \$995.00 per booth \_\_\_\_\_

\$1,095.00 per corner booth \_\_\_\_\_

30% deposit is required to reserve space.

**TOTAL** \_\_\_\_\_

**PLEASE CHOOSE PREFERRED  
BOOTH LOCATION**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Credit Card Authorization:** Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Person Authorizing Payment (please print): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Total Amount Charged: \_\_\_\_\_

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

or send your check payable to; **EAST COAST CONSUMER SHOWS**  
200 Wilson St., Port Jefferson Sta., NY 11776