



MarketKazoo

Friday, March 11 10:00 AM – 7:00 PM
 Saturday, March 12 10:00 AM – 7:00 PM
 Sunday, March 13 11:00 AM – 5:00PM

www.kalamazoohomeexpo.com
 facebook.com/HBAofWesternMI
 twitter.com/HBAWMI

PLEASE COMPLETE THIS AGREEMENT AND:

FAX TO: 269-375-6493
 MAIL TO: HBA of Western Michigan
 5700 W. Michigan Ave
 Kalamazoo, MI 49009
 OR EMAIL TO: ChristinaR@hbawmi.com

ALONG WITH 50% BOOTH DEPOSIT

COMPANY {will be used for marketing materials}

Company name _____
 Contact person _____
 Address _____
 City/State/Zip _____
 Phone _____
 Email _____
 Website _____

Primary Exhibitor/Main on-site contact _____
 Cell _____
 Email _____

EXHIBIT SPACE

MarketKazoo Booth space is reserved for local craftsmen and vendors, area artists, boutique decor, and gifts for the home & garden	BOOTH RATES	QTY
Double (10ft x 20ft)	\$150	
Regular (10ft x 10ft)	\$100	
SUBTOTAL (booth rate x number of booths)		
Marketing Subtotal		
TOTAL INVESTMENT (space + marketing)		

1st Choice _____ booth #
2nd Choice _____ booth #
3rd Choice _____ booth #

- My booth will require standard electric (free/included in booth rate) YES NO
- My booth will extend above 8ft in height. YES NO
- Eight-foot banquet tables do NOT come with the space, but can be provided upon request. Do you require a table? YES NO QTY _____
- Please include chairs YES NO QTY _____

SOCIAL MEDIA HINT: CONNECT WITH US TO SEE/SHARE IMPORTANT EVENT DETAILS

please list your social media accounts

PRODUCT DISPLAYED

My company plans to exhibit the following products and/or services:

2020 HOME EXPO MARKET KAZOO CONTRACT

TERMS & CONDITIONS

- A. A non-refundable deposit of 50% is required to reserve exhibit space. The balance due will be invoiced upon acceptance of this Contract by HBAWMI and must be paid within 60 days of invoice date. Full payment must be received before setup on March 10, 2022.
- B. A 50% cancellation fee will be charged if Exhibit Space is canceled in writing on or prior to March 1, 2022. No refunds are available after March 7, 2022. In the event of cancellation or abandonment by HBAWMI of any full day of the Home Expo, HBAWMI will refund a pro rata share of Exhibit Space price within sixty (60) days of the date of the cancellation or abandonment based upon the number of days for the Expo. If such cancellation or abandonment occurs for only a portion of any one day, the Exhibit space price will be deemed to have been earned for that day, and no refund will be payable. HBAWMI reserves the right to change the Expo Venue at any time.
- C. Exhibitor must supply a Certificate of Insurance for bodily harm, death, and property damage by March 1, 2022. (Minimum coverage of \$1,000,000, HBAWMI named as co-insured or additionally insured).
- D. VENDOR FOOD SALES OR SAMPLING: vendors can sell food products if they are not sold as a concession item. Food items for sale must be pre-packaged and intended for consumption at a later time. Sampling of foods for sale must be in compliance with food sampling guidelines. ALL VENDORS SELLING OR SAMPLING FOOD PRODUCTS SHOULD CONTACT THE KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION AT 269-373-5210 TO DETERMINE IF ANY LICENSING OR SPECIAL EQUIPMENT IS NEEDED.

All contract Rules and Regulations will be subject to interpretation by HBAWMI. All decisions of HBAWMI are final. The HBAWMI reserves the right to refuse Exhibit Space to any company.

I, the undersigned, have read, understand, and agree to abide by all provisions of this Contract the 2022 Home & Garden Expo Rules and Regulations which are expressly incorporated into the terms & conditions of this contract:

Signature: _____ Date: _____

Printed Name: _____ Title: _____

PAYMENT METHOD

Please find my check enclosed (payable to HBAWMI)
OR

Charge to my: VISA / MASTER / DISCOVER / AMEX

FULL BOOTH TOTAL \$ _____

50% DEPOSIT (minimum) \$ _____

Number: |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____|

Expiration Date: |_____| |_____| |_____| |_____| CSV: |_____| |_____| |_____| |_____|

Name on Card: _____

Mailing Address (if different): _____

By signing below, I authorize the HBAWMI to process the payment amount indicated on the credit card above.
CARDHOLDER SIGNATURE:

FOR STAFF USE ONLY

Date received _____ Entered in GZ _____
Enter in Map Dynamics _____ Invoiced _____