

**26th ANNUAL BZB HOLIDAY GIFT & ART SHOWS
EXHIBITOR REGISTRATION FORM**

SHILOH FAMILY LIFE CENTER 1510 9TH STREET, N.W. (Corner of 9th and P Streets) WASHINGTON, D.C. 20001

Hours: 10am – 7pm

Tel: 202.550.7060 web: www.bzbinternational.com e-mail: bzb25years@bzbinternational.com

Please print and complete the form as indicated to reserve your exhibit booth(s). Return form and payment via one of the methods below:

- Fax a copy of this form along with credit card info (add \$10.00 processing fee) to 202.644.5253
- **Submit application and payment along with cashier's check or money order via mail to:**
- **BZB INT'L INC. P.O. Box 2675 Washington, D.C. 20013**

PLEASE PRINT OR TYPE INFORMATION BELOW:

Name: _____
 Company: _____
 Preferred Address: _____
 Phone: () _____ Cell: () _____
 Email Address: _____
 Business License or Social Security Number: _____
 Product Description: _____
 Is Electricity Needed? YES NO Special Needs: _____

PLEASE INDICATE ALL OPTIONS DESIRED AND TOTAL FEE:

| Date | Description/Cost | Total Cost | Final Payment Due |
|---|---|----------------------------------|--|
| <input type="checkbox"/> Friday-Saturday/ November 25-26 | <input type="checkbox"/> Table Top - \$275 <input type="checkbox"/> Booth - \$475 <input type="checkbox"/> Corner - \$575 | \$ _____ \$ _____ \$ _____ | October 30th ADD \$50 after due date |
| <input type="checkbox"/> Sat/December 3 | <input type="checkbox"/> Table Top - \$150 <input type="checkbox"/> Booth - \$250 <input type="checkbox"/> Corner - \$300 | \$ _____ \$ _____ \$ _____ | November 11th ADD \$50 after due date |
| <input type="checkbox"/> Sat/December 10 | <input type="checkbox"/> Table Top - \$150 <input type="checkbox"/> Booth - \$250 <input type="checkbox"/> Corner - \$300 | \$ _____ \$ _____ \$ _____ | November 18th ADD \$50 after due date |
| <input type="checkbox"/> Sat/December 17 | <input type="checkbox"/> Table Top - \$175 <input type="checkbox"/> Booth - \$275 <input type="checkbox"/> Corner - \$325 | \$ _____ \$ _____ \$ _____ | December 10th ADD \$50 after due date |
| <input type="checkbox"/> Fri/December 23 | <input type="checkbox"/> Table Top - \$175 <input type="checkbox"/> Booth - \$275 <input type="checkbox"/> Corner - \$325 | \$ _____ \$ _____ \$ _____ | December 3rd ADD \$50 after due date |

Exhibitor's Signature: _____

BZB INTERNATIONAL, INC.
2016 SPONSOR/EXHIBITOR AGREEMENT

The purpose of this agreement is to grant EXHIBITOR occupancy of an exhibition space at the BZB International, Inc.'s ("hereinafter referred to as "Sponsor") 26th Annual BZB Holiday Gift & Art Shows (hereinafter referred to as "Show").

The SPONSOR hereby leases to the EXHIBITOR in accordance with the following terms:

1. CONTRACT/FEEES FOR EXHIBIT SPACE:

Return completed/signed Agreement and fifty percent (50%) of exhibition rental fee **NO LATER THAN FRIDAY, October30, 2016**. to reserve a space. Spaces assigned with full payment only. First pay, first assigned procedure applies per show. All balances are due approx 21 days before each show date as indicated in Final Payment Due section above. An additional fee of \$50 will be assessed for all payments received after Final Payment Due Date. **Money orders or cash preferred; no checks will be accepted for final payment. Payment made with a credit card or online will be assessed an additional administrative fee of \$10.00.**

Please make payment to BZB International, Inc., P.O. Box 2675, Washington, D.C. 20013. **PAYMENT DOES NOT AUTOMATICALLY GUARANTEE PARTICIPATION- MUST BE APPROVED BY SPONSOR DEPENDING ON SPACE AVAILABILITY, SHOW MERCHANDISE MIX, PRODUCT VARIETY & QUALITY AND VENDOR/SPONSOR RELATIONS.**

2. SPACE AND SUPPLIES

- A. Booth Space: 8 x 7. Supplies: One 6ft.x 2 3/4 table and one chair.
- B. Table Top: One 6ft. table and chair. (No floor space available for racks, extra tables, boxes, other items for sale, etc. All items must be displayed and sold from the table.) Note: Exhibitor must supply table covering large enough to extend to the floor.
- C. Only one exhibitor will be permitted in each space unless approved by SPONSOR.

3. SET-UP TIME:

Set-up will only be granted three (2) hours prior to Show opening. **NO UNLOADING OF BOXES, RACKS, DOLLIES ARE ALLOWED AFTER SHOW HAS OPENED. FAILURE TO ADHERE TO THIS POLICY MAY RESULT IN CONTRACT CANCELLATION AND FORFEIT OF EXHIBITION FEES. ABSOLUTELY NO EXCEPTIONS!**

4. SUBLETTING SPACE:

Exhibitor will not assign or sublet the exhibit space without prior approval of the SPONSOR. Failure to inform SPONSOR will result in immediate ejection from the Show.

5. CANCELLATION OF BOOTH SPACE:

The SPONSOR reserves the right to reject an application at any time before the Show for reasons at the SPONSOR'S discretion.

6. DRESS ATTIRE

EXHIBITORS are to dress appropriately in festive/business attire. Jeans, tee shirts, and tennis shoes are not the proper attire for the BZB Annual Holiday Gift & Art Show. Please respect our goal to produce a successful Show for you and the BZB organization.

7. PROMOTIONS

The EXHIBITOR agrees to actively market the Show by advertising, contacting clientele and distributing flyers whenever possible. A master copy has been provided to make additional flyers for you to duplicate and distribute. Please call (202) 550.7060 for your supply of additional promotional materials.

8. CHANGES

The SPONSOR reserves the right to make such changes and further rules and regulations regarding the Show as it, in its sole discretion, deems necessary and upon notice to the EXHIBITOR, all said action shall become past of this lease and binding on all parties.

9. INDEMNIFICATION

The EXHIBITOR will indemnify SPONSOR, its agents, representatives, affiliates, security and successors from any liability arising from the loss, theft, or damage to EXHIBITOR's goods, literature, promotional materials, or personal property, or the person or property of third parties caused by EXHIBITOR's actions or goods sold.

The SPONSOR will do whatever is necessary (including leasing tall buildings) to have a successful Show!
 BZB International, Inc. will not be held liable to refund any payment in the event of a circumstance or circumstances beyond the control of the SPONSOR (i.e., inclement weather, condition of the facilities, circumstances of EXHIBITOR, etc.)

Name of Business: _____

Print Name: _____

Signature: _____ Date: _____

Amount Enclosed \$ _____ Balance Due \$ _____

FOR OFFICE USE ONLY

Date Contract Received: _____ Deposit Amount Paid: \$ _____

Method of Payment: _____

Show Date:

- Friday-Saturday, November 25-26 (Due: Oct 30th) Balance Due: \$ _____
- Saturday, December 3 (Due: November 11) Balance Due: \$ _____
- Saturday, December 10 (Due: November 18) Balance Due: \$ _____
- Saturday, December 17 (Due: November 18) Balance Due: \$ _____
- FRIDAY, December 23 (Due: December 3) Balance Due: \$ _____

TOTAL BALANCE DUE: \$ _____

Exhibitor's Signature: _____

FOR OFFICE USE ONLY

Date Contract Received: _____ Deposit Amount Paid: \$ _____
Method of Payment: _____

Show Date:

- Friday-Saturday, November 25-26 (Due: Oct 30th) Balance Due: \$ _____
- Saturday, December 3 (Due: November 11) Balance Due: \$ _____

Exhibitor's Signature: _____