



## Business Expo Registration Form

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

Contact Person: \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

I understand that my company must be set up by 11:00 am on August 16, 2011 and not break down before the end of the show at 3:00 pm. I will act as the point of contact for the showcase.

**\* COMPANY NAME PROVIDED WILL BE USED IN CHAMBER PUBLICATIONS AND ON THE SIGN ABOVE YOUR BOOTH\***

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

Please make your selection below:

	<u>Member</u>	<u>Non-Member</u>	<u>Amount</u>
Interior Booth	\$300.00	\$600.00	\$ _____
Corner Booth	\$350.00	\$700.00	\$ _____
Green Table (Only 10!)	\$75.00	\$150.00	\$ _____
Non-Profit Booth (Limit First 5 Registrants)	\$185.00	Discount Unavailable	\$ _____
Sponsor Booth	\$850.00	Unavailable	\$ _____
		Total	\$ _____

We accept payments of cash, check, or credit card

*Assignment is based on First-Paid in Full, First-Placed Basis. (All registration forms are dated and time stamped when received). You will receive a confirmation letter after your booth space is reserved.*

Desired Booth Location (Contact the Chamber for the facility layout to be sent to you.)

**1<sup>st</sup> Choice** \_\_\_\_\_ **2<sup>nd</sup> Choice** \_\_\_\_\_ **3<sup>rd</sup> Choice** \_\_\_\_\_

**REFUNDS** The Chamber must receive your written cancellation request by July 25, 2011 to qualify for a refund. After July 25, 2011, no refunds will be issued. A \$25 administrative fee will be retained on all refunds. No refunds will be given for acts of God, natural disasters, inclement weather, etc. on the day of the event. In order to maintain the success of this event, if sales do not meet expectations the event can be canceled on or before July 29<sup>th</sup>. If the Chamber does cancel the event on or prior to July 29<sup>th</sup>, a full refund will be given and no administrative fee will be retained. **One business per booth. NO SUBLETTING!**

Mail this form along with your payment to:  
Cherokee County Chamber of Commerce  
Business Expo  
P.O. Box 4998  
Canton, GA 30114

FOR CHAMBER USE ONLY:

Date Received:  
Time Received:  
Date Paid:  
Payment Method:  
Booth Number: