



# INCRE<sup>D</sup>IBLE<sup>E</sup> FOOD SHOW

**OCTOBER 8, 2011**

**EXHIBITOR BOOTH APPLICATION: 2011**

**COMPANY INFORMATION**

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Contracting Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell \_\_\_\_\_ Website Address \_\_\_\_\_

**DESCRIPTION**

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Products Displayed & Sold \_\_\_\_\_

Please Check All That Apply: I intend to  cook at my booth  sample product  sell product

**EXHIBIT BOOTH RENTAL FEES** – booth rates are listed on attached floor plan

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Booth Size \_\_\_\_\_ Amount Due \$ \_\_\_\_\_

Booth # Choices: 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_

Fees may be paid for either by credit card or by check. Full payment is due upon submission of application. Booth space will not be held or confirmed until full payment received.

**Applications and payment due as soon as possible for best booth space.**

**PAYMENT METHOD**

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VISA  MasterCard  Discover  AMEX  Check (made payable to Lexington Center Corporation)

**CREDIT CARD INFORMATION**

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

Exp Date month \_\_\_\_\_ year \_\_\_\_\_ CW CODE \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Complete Billing Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_