

2011 Request Form 16th Honolulu HI January 15 & 16, 2011

Saturday 10am-6pm & Sunday Noon-5pm
Blaisdell Center, Hawaii Suites
777 Ward Avenue, Honolulu HI 96814

Company Name

Address

City State Zip

Phone Fax Cell

E-mail

*BOOTH SPACE ASSIGNED ON FIRST COME BASIS AND WHEN
FORM, PAYMENT, AND CONTRACT RECEIVED*

Balance due by September 1, 2010

If signing after this date, please include full payment

On time payment is your responsibility.

By signing, I acknowledge that I have read, understand, and agree with the terms of this request form and The Whole Bead Show Inc[®] official contract. I understand that a 50% non-refundable deposit is due with this request form and that the non-refundable balance is due by 9/1/2010. If not paid in full by 90 days prior to show, booth space can be cancelled without refund. The Whole Bead Show Inc[®] reserves the right to reject any request form for any reason. All payments are non-refundable at any time.

Name

Signature

Date

-----TWBSI use only-----

The Whole Bead Show Inc[®]

Select Number of Booths:

- One booth - \$920 for Two 8' Tables
- Two booths - \$1840 for Four 8' Tables
- Four booths - \$3680 for Eight 8' Tables
- Artisan booth - \$590 for One 8' Table

MERCHANTS

Total for Show: _____

Amount Enclosed: _____

(must be at least 50% of "total for show" or the full amount if signing after September 1, 2010)

ARTISANS

Cost: _____ \$590 for One 8' Table

Amount Enclosed: _____

(must be at least 50% of "cost" or the full amount if signing after September 1, 2010)

Payment

- Check (make checks payable to The Whole Bead Show)
- Credit Card on file
- Or With Card Below

I authorize The Whole Bead Show Inc[®] to charge my credit card for deposits, late fees, extras, or remaining payments for Honolulu 2011. All payments are non-refundable at any time.

visa mastercard discover american express

cc #: _____

ex date: _____

Name on Card: _____

Signature: _____

Special Requests we do our best but...request is not guaranteed!

Updated 12/16/09 AW

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