

# 2010 Request Form

## 15<sup>th</sup> Providence RI

### October 8-10, 2010

Friday & Saturday 10am-6pm, Sunday Noon-5pm  
 Rhode Island Convention Center, Hall D  
 One Sabin Street, Providence RI 02903

\_\_\_\_\_  
 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 July 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<sup>®</sup> 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 7/1/2010. If not paid in full by 90 days prior to show, booth space can be cancelled without refund. The Whole Bead Show Inc<sup>®</sup> 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-----

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Updated 9/23/09 AW

# The Whole Bead Show Inc<sup>®</sup>

Select Number of Booths:

- One booth - \$1275 for Two 6' Tables
- Two booths - \$2550 for Four 6' Tables
- Four booths - \$5100 for Eight 6' Tables
- Artisan booth - \$765 for One 6' Table

### MERCHANTS

Total for Show: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

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

### ARTISANS

Cost: \_\_\_\_\_ \$765 for One 6' Table

Amount Enclosed: \_\_\_\_\_

*(must be at least 50% of "cost" or the full amount if signing after July 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<sup>®</sup> to charge my credit card for deposits, late fees, extras, or remaining payments for Providence 2010. 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!