



**2017 Contract**  
**13<sup>th</sup> New York NY Fall**

**Hotel Pennsylvania**  
 Penn Top & Sky Top  
 401 7<sup>th</sup> Avenue @ 33<sup>rd</sup> Street  
 New York NY 10001

SHOW DATES

October 20-22, 2017

Friday & Saturday 10am-6pm, Sunday 11am-5pm

-for the most up-to-date information about the show, visit our website [www.WholeBead.com](http://www.WholeBead.com)~

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Address

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

\_\_\_\_\_  
 Phone Fax Cell

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

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

On time payment is your responsibility.

By signing, I acknowledge that I have read, understand, and agree with the terms of this contract and The Whole Bead Show Inc<sup>®</sup> 2017 membership form. I understand that a 50% non-refundable deposit is due with this contract and that the non-refundable balance is due by 6/1/2017. If not paid in full by 60 days prior to show, booth space can be cancelled without refund. The Whole Bead Show Inc<sup>®</sup> reserves the right to reject any contract for any reason. All payments are non-refundable at any time.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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

**BOOTHS 2 - 6' tables, electrical included**

# of booths \_\_\_\_\_ x \$2150 = \_\_\_\_\_

**OPTIONS**

Extra 6' Table \_\_\_\_\_ x \$200 = \_\_\_\_\_

**ARTISANS**

1 - 6' table, electrical included \$550 \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

Deposit (50% of total amount due) \_\_\_\_\_

Final payment due by 6/1/17 \_\_\_\_\_

5% of the total amount due will be added for contracts received after 6/1/17

**PAYMENT**

- Check (***made payable to The Whole Bead Show***)
- Credit Card

I authorize The Whole Bead Show Inc<sup>®</sup> to charge my credit card for deposits, corrections, late fees, extras, options, or remaining payments for New York NY Fall 2017. All payments are non-refundable at any time.

We accept Visa, Mastercard, Discover or American Express

\_\_\_\_\_  
 CC# V-code

\_\_\_\_\_  
 Expiration Date Billing Zip

\_\_\_\_\_  
 Cardholder name (print)

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