



2018 Contract
1st Oakland CA (taking over established location/time)

Marriott Oakland City Center
 West Ballroom
 1001 Broadway
 Oakland CA 94607

SHOW DATES

November 9-11, 2018
 Friday & Saturday 10am-6pm, Sunday 11am-5pm

~for the most up-to-date information about the show, visit our website www.WholeBead.com~

 Company Name*

 Address

 City State Zip

 Phone Cell

 E-mail*

 Website*

BOOTH SPACE ASSIGNED ON FIRST COME BASIS AND WHEN CONTRACT & PAYMENT 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[®] rules and regulations. I understand that a 50% non-refundable deposit is due with this contract and that the non-refundable balance is due by 9/1/2018. If not paid in full by 60 days prior to show, booth space can be cancelled without refund. The Whole Bead Show Inc[®] reserves the right to reject any contract for any reason. All payments are non-refundable at any time.

 Name*

 Signature

 Date

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

REGULAR BOOTH

9'X7' includes 2 - 6' tables in an L-shape & 500 Watts electrical

of booths _____ x \$625 = _____

WALL BOOTH

10'X10' includes 1 - 8' table & 500 Watts electrical

of booths _____ x \$925 = _____

Extra 6' Table _____ x \$50 = _____

ARTISANS (JURIED)

1 - 8' table, 500 Watts electrical included \$400

TOTAL BOOTH FEE

Deposit 1 – 25% of total booth fee _____

Deposit 2 – 25% of total booth fee due 5/1/18 _____

10% discount on total booth fee if signing up and paying at least 25% deposit by 11/10/17 - _____

Balance _____

Room Discount - _____

Final payment due by 9/1/18 _____

10% of the total amount due will be added for contracts received after 9/1/18

PAYMENT

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

I authorize The Whole Bead Show Inc[®] to charge my credit card for deposits, corrections, late fees, extras, options, or remaining payments for Oakland 2018.

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)

BOOK A ROOM AND SAVE \$125*

of rooms _____ x -\$125 = - _____

*per room booked, minimum 2 nights, must fill in booking info, must book by 10/1/18, while supplies last

Name on room(s): _____

Check-in: _____ Check-out: _____

Credit card number: _____

(used for guarantee, will not be charged until check-in)

Vcode: _____ Exp: _____ Zip: _____

Rate: Single/Double \$159/night +tax, Triple: \$169/night +tax,

Quad: \$179/night +tax