

MAA TRADE SHOW

(Baltimore, Maryland)

686 Grand Ave. Suite# 105 Ridgefield, MD 21157

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SHOW CONTRACT

SHOW DATES : JAN. 30th – 31st (SUN~MON), 2022

SUN 10am to 7pm & MON 10am to 6pm

SHOW LOCATION: HILTON GARDEN INN BWI AIRPORT

1516 AERO DRIVE. LINTHICUM HEIGHTS, MD 21090

Tel: 1-410-691-0500 Fax: 1-410-694-0638

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

SALESMAN NAME: _____

SALESMAN CELL: _____

SALESMAN EMAIL: _____

WRITE YOUR LINES BELOW:

SHOW FEE : \$150.00 (no more members fee)

SHOW RULES, REGULATIONS, TERMS, AND CONDITIONS:

1. Breakdown time will be strictly enforced.
 2. All exhibitors must remain at their room until the completion of the show.
 3. Violation will result in \$200 fine.
 4. Once your room is assigned and reserved, it cannot be changed or cancelled.
(Absolutely no refund.)
 5. Exhibitors are not allowed to move furniture in their room and MAA Show does not take any responsibility of damage or lose of hotel property caused by exhibitors.
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To help us put your booth in the proper location

1. Men Apparel _____ 2. Women Apparel _____ 3. Tailored Clothing/Suits _____
4. Junior Apparel _____ 5. Footwear _____ 6. Accessories _____

BED TYPE REQUEST:

PLEASE INDICATE YOUR PREFERRED ROOM TYPE- 1 KING () OR 2 QUEENS ()

(We will try to accommodate your room request(s), though we cannot guarantee it.)

Please sign and return before **Dec 31st 2021**

(*Full payment must be submitted with your contract. *)

(** Please Make Payable to "MAA Trade Show "ONLY on your personal or company check**)

(***We now accept all major credit cards. Pls. note that there will be 3% fee when paying by credit card***)

(****Pls. see attached credit card authorization form****)

Signature: _____ Date: ____/____/____

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Address: _____

City: _____ State: _____ Postal Code: _____

\$ _____ Show fee.

\$ _____ 3% Credit card fee.

I hereby authorize MAA TRADE SHOW to charge my credit card in the amounts listed above to the credit card provided. I also accept and understand all credit cards are subject to 3% fee.

Account Holder Signature

CREDIT CARD INFORMATION

Card Type: ___ Visa ___ Mastercard ___ Discover ___ Amex

Card holder's name: _____

Card Number: _____

Expiration date: _____ CVC: _____