



**Three Rivers Convention Center  
2<sup>nd</sup> Annual Pet Expo  
General Show Information**

<b>Location</b>	<i>Three Rivers Convention Center</i>
<b>Booth Price</b>	<i>\$350</i> <b>Non-profit rate \$100, must provide 501c3 with registration</b> <i>*Booth is 10'x10' with one 8' skirted table, two chairs, and one small garbage can.</i>
<b>Show Dates</b>	<i>Saturday, April 7, 2018</i> <i>Sunday, April 8, 2018</i>
<b>Vendor Move-In Hours</b>	<i>Saturday, April 7, 2018 7am-9:30am</i> <i>*LIMITED accessibility to carts and fork lift, so please be prepared to wait or bring your own carts.</i>
<b>Public Show Hours</b>	<i>Saturday, April 7: 10 am – 4 pm</i> <i>Sunday, April 8: 10 am – 4 pm</i>
<b>Ticket Information</b>	<i>FREE</i>
<b>Show Management</b>	<i>Three Rivers Convention Center</i>
<b>Show Coordinator</b>	<i>Sybil Richey</i>
<b>Vendor Move-Out</b>	<i>Sunday, April 8, 4pm -5pm</i> <b>*PENALTIES FOR EARLY BREAKDOWN!!</b> <i>*LIMITED accessibility to carts and fork lift, so please be prepared to wait or bring your own carts.</i>
<b>Parking</b>	<i>FREE!!</i>
<b>Advertising</b>	<i>Television, Radio, Newspaper, Local Posters &amp; Handbills, Social Media (subject to potential change)</i>

**Three Rivers Convention Center**  
**2<sup>nd</sup> Annual Pet Expo**  
**April 7-8, 2018**  
**Exhibitor Agreement**

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

Type of Business: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

**Payment Amount: \$ \_\_\_\_\_**

**Payment Method**

**Business Check due by March 16th, 2018**

**Money Order/Cashiers Check**

**Visa/Mastercard/AmEx\* due by March 16th, 2018**

*\*Credit Card Authorization form included – please mail or fax back with contract*

SUBJECT TO THE TERMS AND CONDITIONS SET FORTH ON THIS AGREEMENT, AND ANY ACCOMPANYING ATTACHMENTS, WHICH ARE INCORPORATED INTO AND FORM A PART OF THIS AGREEMENT. UPON ACCEPTANCE BY THREE RIVERS PET EXPO... ) SHOW (HEREAFTER REFERRED TO AS “CENTER”), WE THE UNDERSIGNED, (HEREAFTER REFERRED TO AS “EXHIBITOR”) AGREE TO RENT BOOTH SPACE(S) FROM CENTER FOR PARTICIPATION IN THE 2018 THREE RIVERS PET EXPO AGREES PARTICIPATION IS CONTINGENT UPON PAYMENT IN FULL OF BOOTH SPACE(S) AND THAT LOCATION AND PLACEMENT OF BOOTH IS ENTIRELY AT CENTER’S DISCRETION.

Exhibitor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **Pet Expo Payment Policy**

Payment for spaces utilized for the 2018 Three Rivers Pet Expo will be as follows:

All Deposits are NON-Refundable, NON-Transferable.

**VENDOR** agrees to pay 100% of the anticipated charges due to **CENTER** prior to the start time of the event as noted above. Charges incurred above and beyond anticipated are due and payable to **CENTER** upon the receipt of invoice. In the event a booth space is not paid in full prior to show dates, reserved booth space and deposit shall be forfeited at **VENDOR'S** expense. All Payments are to be made payable to the **THREE RIVERS CONVENTION CENTER**. A service charge of \$38.00 will be imposed on any checks returned for non-sufficient funds. **CENTER** will pursue all legal and civil avenues allowable by law to collect the debt. (Please include Vendor Name on all checks)

**CHECK PAYMENT IS DUE NO LATER THAN March 16, 2018.**

**CREDIT CARD PAYMENT IS DUE NO LATER THAN March 16, 2018.**

### **MAIL TO:**

THREE RIVERS PET EXPO  
7016 W. GRANDRIDGE BLVD.  
KENNEWICK, WA 99336

**CENTER:** For the purpose of this agreement, any mention or reference to the "CENTER" means the THREE RIVERS CONVENTION CENTER, KENNEWICK, WA.

**BOOTH:** The exhibitor will be rented an assigned space and an area not to exceed booth boundaries. No displays or signage will be permitted outside this space without written permission from show management. Management reserves the right to change booth assignment.

**RENTAL:** The booth rental is exclusive to the exhibitor whose name appears on this agreement and no portion of the space can be sublet or assigned. The exhibitor shall forfeit his right to the space, all rental monies paid, and upon demand by management, pay any balance owing if the exhibitor fails to occupy, use the space, or have the exhibit completed and in place by the opening of the show.

**RESTRICTIONS:** The management reserves the right to restrict or remove, without refund, any exhibits that have been falsely entered or deemed by the management to be unsuitable or objectionable. \*No smoking or drinking of alcoholic beverages is allowed except in those areas set aside for such.\* Exhibitors using sound as a marketing devices shall do so in a manner not to disturb or affect the business of other exhibitors. P.A. Devices or microphones are strictly prohibited. \*No helium balloons of any kind are allowed in the CENTER.\* Exhibitors shall not use adhesives or fasteners in any way to affix any item to any portion of the CENTER.\* ALL EXHIBITORS ARE REQUIRED, AT THEIR EXPENSE OF MONIES OR EFFORTS, TO SECURE ANY LICENSES, PERMITS, OR MAKE ANY CONTACTS NECESSARY TO COMPLY WITH LOCAL HEALTH PERMITS, FIRE CODES, TAX COLLECTION AND PAYMENT REQUIREMENTS, AS WELL AS ANY CITY, COUNTY, STATE OR FEDERAL REGULATION OR LAWS THAT WOULD BE BINDING ON THE EXHIBITOR. BOOTH CLOSURE BY ANY GOVERNMENTAL BODY WILL REFLECT SOLELY ON THE EXHIBITOR AND NO REFUNDS WILL BE MADE.

**SAMPLING:** Exhibitors may sample only products that they normally serve or produce in their business. Under no circumstances will samples be sold. Sample sizes are as follows: Non-alcohol 2 oz., Food 1 oz.

**CANCELLATION:** Should the exhibitor cancel this agreement for any reason, or should management deem the exhibitor in default or in violation of this agreement, all monies paid to management by exhibitor shall be retained by management. Further, any balances due shall be considered owing and upon demand, exhibitor will pay said balance to management.

**INDEMNIFICATION:** By signing this agreement the exhibitor shall defend, indemnify and hold harmless the THREE RIVERS CONVENTION CENTER, VENUWORKS FACILITY MANAGEMENT OF KENNEWICK, LLC., KENNEWICK PUBLIC FACILITIES DISTRICT, VENUWORKS FACILITY MANAGEMENT, INC.; their parents, subsidiaries, affiliates, directors, officers, employees, insurers, and agents herein from and against all claims, damages, losses and expenses, including attorneys' fees arising out of or resulting from the acts, errors, omissions, conduct or operations of the exhibitor, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death or to injury to or destruction of tangible property, including the loss of use resulting there-from, and (2) is caused or is claimed or alleged to have been caused, in whole or in part, by negligent act, error, omission, conduct or operation of the exhibitor, or any subcontractor, or anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, or (3) is abused or is claimed to have been caused, in whole or in part, by any product sold or service rendered by the exhibitor, its agents, employees, or subcontractors.

**\*Please note:** It is TRCC policy that while they shelter/rescue groups may bring animals eligible for adoption to the event, on-site adoption is not allowed. We encourage you to make the connection at the Expo, but ask that the pets do not leave with a new owner from the show that day. Thank you for your support and understanding.

2018 Three Rivers Pet Expo  
Credit Card Authorization Form

Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Three Rivers Convention Center to incur charges against the credit card listed for the following charges:

\_\_\_\_\_ \$ 350.00 Booth \_\_\_\_\_ \$ 1,000.00 Sponsorship

\_\_\_\_\_ \$ 100.00 Booth Non Profit\* \_\_\_\_\_ \$ 2,000.00 Sponsorship

\_\_\_\_\_ \$ 3,000.00 Sponsorship

**\*You MUST attach copy of non profit 501c3**

Credit Card Number: \_\_\_\_\_

Type: \_\_\_\_\_ American Express \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

(Please print name and company if applicable)

Billing Address for the Card: \_\_\_\_\_

CVN # \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please contact me if you have any questions at: \_\_\_\_\_

Please fax completed form to (509) 737-3729