

# Exhibitor's Form



FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EXHIBIT PERSONNEL: \_\_\_\_\_  
(for nametags)

TITLE for EXHIBIT SIGN: \_\_\_\_\_

PLEASE PRINT

Write how many of each you desire in the corresponding boxes.

**Full exhibit—\$400.** See description in box at right →

**Additional tables in your exhibit—\$100 each.**

**"Take-one" display of materials on exhibit table** (flyer, brochures); maximum 50 copies—\$35



Exhibiting booths consist of the following:

- A 10' x 10' space
- One (1) 7" x 44" one-line ID sign
- Two (2) 8' topped and skirted tables
- Two (2) side chairs

(Additional tables may be added to your booth for an additional \$100.00 a table.)

(Freeman does our site setup.)

**EXHIBITOR DEADLINE: MARCH 10** (to allow for shipping time)

**Liability Insurance:** PCA/ACA and the Renaissance St. Louis Grand Hotel will not be responsible for the safety of the property of exhibitors (doors will be locked at night and a guard will be on duty). Exhibitors are advised to consult their insurance brokers for proper coverage. Exhibitors are strongly advised not to leave valuable items unattended in the exhibit area. Exhibitors must sign and return the Hold Harmless Clause portion of this application.

**Hold Harmless Clause:** Exhibitor assumes entire responsibility and hereby agrees to protect indemnity, defend and save the Popular and American Culture Association and the Renaissance St. Louis Grand Hotel and their employees and agents harmless against all claims, losses, and damages to persons or property, governmental charges, or fines and attorney's fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy, or use of the exhibition premises or a part thereof, excluding any such liability caused by the sole negligence of their employees and agents. In addition, Exhibitor acknowledges that the Renaissance St. Louis Grand Hotel does not maintain insurance covering Exhibitor's property and that it is the sole responsibility of Exhibitor to obtain interruption and property damage insurance covering such losses by Exhibitor.

FIRM: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

REPRESENTATIVE'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Send this form with payment to:

Delores Rauscher  
258 Bessey Hall  
Michigan State University  
East Lansing, MI 48823

Make checks payable to:

National PCA/ACA

Questions? Contact:

Delores Rauscher  
rausche5@msu.edu  
PH: (517) 432-7413  
FAX: (517) 432-7419