

SALISBURY AREA CHAMBER OF COMMERCE PRESENTS

ChamberFest 2010

October 15th & 16th

10 a.m. – 9 p.m.

(regular mall hours)

Centre at Salisbury Mall

Sign up now to participate in the Chamber's
business-to-consumer showcase!

**Don't miss the exposure to the 18,000-25,000 people
that visit the mall each weekend!!**

Reserve a 10 ft. space (8ft. table and two chairs) for
two days (includes both Friday and Saturday) down
the central corridors of the Centre at Salisbury. This is
a great way to show the public what your business has to
offer!

*Sign up now
and Save!*



\$200 if paid in full by September 10th (Chamber Members only)

\$225 between Sept. 11th and Oct. 8th (Chamber Members only)

Non-Member Fee: \$400 (Very limited space available)

Please contact Shannon Mitchell at the Salisbury Area Chamber of Commerce for
more information at 410-749-0144 or chamber@salisburyarea.com.

CHAMBERFEST 2010 BOOTH CONTRACT

Company Name: _____

Contact Person: _____ Phone: _____

Address: _____ Fax: _____

Booth locations will be determined on a first come, first serve basis. ChamberFest 2010 staff reserves the right to determine booth locations and move booths due to unforeseen problems. Special requirements will need to be coordinated with the mall staff.

Detail any special requirements: _____

****Note: Displays must not be any taller than six feet****

Desired location in the mall: Same as last time: Other: _____

Signed: _____ Date: _____

Will you be offering any free giveaways? Yes No

If yes, what? _____

Number of spaces requested _____

- Full payment received by September 10, 2010--\$200 per booth space
- Full payment received between Sept. 11th – Oct. 8th, 2010--\$225 per booth space
- Prospective member booth fee (all non-chamber members)--\$400
- Add \$25 if you require electricity, other special support is at exhibitor's expense (electrical spaces are very limited)
- Non-profit booth for \$25 (only 10 spaces available)

Total payment enclosed: _____ (make checks payable to: SACC)

Please invoice my company to the above address.

If paying by credit card, please circle type of card:

Card Number: _____ Exp.Date: _____ Visa MC Amer. Exp.

For the event program, please include a company description of 50 words or less (will be edited as necessary depending on space constraints) by no later than Oct. 1st. Make sure to get your information in ASAP so that you are included (you may type the description if it is more convenient):

Set up Dates: Thursday, October 14, 2010 (9-11p.m.)

(If setting up on Thursday check here . Mall security must know in advance, thanks!)

Friday, October 15, 2010 (7-10 a.m.)

ChamberFest Dates: Friday, October 15, 2010 (10 a.m.-9 p.m.)
Saturday, October 16, 2010b (10 a.m.-9 p.m.)

Knockdown Date: Saturday, October 16, 2010 (9-11p.m.)

Address: P.O. Box 510, Salisbury, MD 21803-0510/Phone: 410-749-0144/Fax: 410-860-9925
Accepted by SACC Events Director: _____ Date: _____