



**NEW YORK
FARM SHOW 2018**

EXHIBITOR SPACE RESERVATION & CONTRACT

2018

NEW YORK FARM SHOW, INC.
NEW YORK STATE FAIRGROUNDS
SYRACUSE, NY
FEBRUARY 22, 23, 24, 2018

IMPORTANT !!
**PLEASE TYPE OR PRINT
LEGIBLY**

SAME SPACE AS 2017 IS DESIRED: _____ SPACE NUMBER: _____ SIZE(ex. 30x40) _____

TO RECEIVE LAST YEARS SPACE YOUR CONTRACT MUST BE RECEIVED BY SEPTEMBER 1, 2017

It is understood and agreed that all space will be assigned by management according to a reasonable and consistent priority system based on Exhibitor choices and application date.

We would like to be near: _____ or away from: _____ these companies and/or products.

**The 2018 Early Contract Rate is based on 25% of total space cost being received by May 15, 2017.
THE REMAINING BALANCE MUST BE PAID IN FULL BY SEPTEMBER 2017.**

	Rate paid by 5/15/17	Rate paid by 9/1/17	Rate paid after 9/1/17
10x10 Booth - 100 sq. ft	\$820.00	\$860.00	\$890.00
20x10 Booth - 200 sq. ft	\$1,500.00	\$1,620.00	\$1,780.00
20x20 Booth - 400 sq. ft	\$2,290.00	\$2,390.00	\$2,490.00
Larger than 30x30	\$4.60/sq ft	\$4.70/sq ft	\$4.80/sq ft

Enclosed is our check for \$ _____ Cost of a _____ (size) booth. Make checks payable to New York Farm Show Inc.

We agree to comply with the exhibit rules and regulations as printed on the reverse side of this Contract.

Name of person for correspondence with show materials.

Company name to appear on your Promotional Material

Street Address

Street Address

City State Zip

City State Zip

Name of person in charge who will be attending Show

Authorized Signature

Phone: _____

Phone: _____

e-mail: _____

Company Website: _____

Please submit contract to Show Management. A copy will be returned to Exhibitor as confirmation of space assignment as indicated below.

**PLEASE SEND CERTIFICATE OF LIABILITY INSURANCE THAT WILL BE VALID DURING THE SHOW IMMEDIATELY!
SPACE CONFIRMATION:**

Date Received: _____ **Check #** _____ **Amount** _____ **By** _____

Space(s) Assigned: _____ **Date:** _____

TOTAL COST: _____ **LESS DEPOSIT:** _____ **BALANCE DUE:** _____

**Make all checks payable and mail to: NEW YORK FARM SHOW, INC. P.O. BOX 3470 SYRACUSE, NY 13220
PHONE: 315/457-8205 FAX: 315/451-3548 E-mail: sgrigor@ne-equip.com www.newyorkfarmshow.com
PLEASE RETURN ALL COPIES. Date Contract and Exhibitor Guide Returned _____**

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