2018 EXHIBITOR APPLICATION

Company Name:			
Street/PO Box:			
City:	State/Province:	_ZIP/Postal Code: C	Country:
Telephone:	Fax:	_Website:	
Person in Charge of Exhibit: _		_Contact Email:	
Secondary Contact:		_Contact Email:	
	ion of your company and its product(s) and/ 17 and would like to use the same description		
EXHIBITOR SPACE OPTIONS Standard, 10' deep by 10' wide		PAYMENT TERMS Payment in full must accompany the signed application to guarantee your booth selection. Please see the "2018 Rules & Regulations" for our cancelation policy.	
For larger or irregular space op	tions, please call Susie at 314-561-4706.	Payment Due with Application	= \$
BOOTH SELECTION 1st Choice 2nd Choice 3rd Choice Are there any companies you do not want to be next to?*		 PAYMENT METHOD – All payments must be in U.S. dollars Invoice (your booth will not be reserved until payment is received) Check or Money Order: Drawn on a U.S. Bank and in U.S. dollars only Made payable to The Waterways Journal, Inc. 	
*We will try our best to accommodate your request but we cannot guarantee any specific placement of other exhibitors		319 N. 4th St., Suite 650, St. Louis, MO 63102 Credit Card: <i>All Major Accepted (Visa, MC, AmEx, Discover)</i>	
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ADVERTISING OPTIONS - DOCKS SHOW DIRECTORY All ads include color		Type of Card	
□ Full Page		Credit Card #	
□ 1/4 Page\$585		Billing Address	

NOTE: This document serves as your official insertion order for Docks Directory advertising space. Ad material is due by Oct. 26, 2018. You will be billed for advertising separately, after production of the book.



AUTHORIZATION

Expiration Date ____/___

We agree to abide by all conditions, rules and regulations governing The Docks Expo per "Rules and Regulations" found on www.docksexpo.com. We understand that acceptance of this application by show management constitutes a legal and binding contract.

Contract must be signed & sent with deposit to secure booth.

Signature: _____

Print Name:_____ Date:_____