

Florida Bandmasters Association

For FBA Use: Space # _____

EXHIBITORS CONTRACT

Date Rec'd. _____

SUMMER CONFERENCE July 19, 2017

Deposit Rec'd. _____

HILTON ST PETERSBURG BAYFRONT

We, the undersigned, hereby make application for exhibit space as indicated below. We have read the General Regulations for Exhibitors and agree to abide by them. We understand that the fees as listed below are to be enclosed and are non-refundable after June 20th.

DISPLAY SETUP WILL NOT BE PERMITTED UNLESS ALL EXHIBIT FEES ARE PAID

PLEASE PRINT OR TYPE: How many spaces are desired: _____ initial space at \$125.00 each.
_____ additional spaces at \$60.00 each

*****Don't want to make the drive?*

*Send info and be a part of the group table!****** _____ Group Table at \$50.00 each

WIFI is available in common areas but not the exhibit areas without an additional charge. There are a limited number of electrical wall plugs available. **Please let me know if electricity is needed.**

\$ _____ TOTAL

BUSINESS NAME (For small sign): _____

INDEMNIFYING CLAUSE: Exhibitor agrees to protect, save and keep the Florida Bandmasters Association and The Hilton Daytona Beach Oceanfront Resort forever harmless from any damages or charges imposed for violation of any law or ordinance whether occasioned by the negligence of the Exhibitor or those holding under the Exhibitor, as well as to strictly comply with the applicable terms and conditions contained in the agreement between the Hilton Daytona Beach Oceanfront Resort and The Florida Bandmasters Association regarding the exhibition premises; and further, Exhibitors shall at all times protect, indemnify, save and keep harmless The Florida Bandmasters Association and The Hilton Daytona Beach Oceanfront against and from any and all loss, cost damage, liability or expense arising from or out of or by reason of any accident or other occurrence to anyone, including the exhibitor, its agents, employees, and business invitees, which arises from or out of or by reason of said Exhibitors occupancy and use of the exhibition premises or a part thereof; and further, the Exhibitor agrees to the statement of responsibility for liability and insurance in the General Regulations For Exhibitors.

*PRIMARY BADGE NAME _____
PLEASE PRINT!!!!!!

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ PHONE _____

DATE _____ SIGNATURE _____

MAIL TO: Amy Collins, 1466 Watermill Circle, Tarpon Springs, FL 34689
CELL: 727-641-6737 (texts welcome and encouraged) **EMAIL:** acollins@oboe.net

***Please list additional badge names here:** _____
