



2125 Crawford Place ▪ Salina, Kansas 67401-3719

**Marilyn Johnson**  
**Home Builders Association of Salina**  
**2125 Crawford Place**  
**Salina, KS 67401**  
**Phone (785) 823-1457**

**During Show**  
**(785) 826-7209**

**EXHIBITOR INFORMATION**

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to abide by show rules, regulations, and policies.

Authorized Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Date

Please List products and/or services you will be exhibiting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION**

**2010 Salina Home and Garden Show**  
**February 19, 20, & 21, 2010**  
**Salina Bicentennial Center**  
**Salina, KS**

**STANDARD RATES**

HBAS Members \$290 per Booth  
 Non-HBAS Members \$390 per Booth  
 Concourse Members \$200 Non Members \$225

**ADDITIONAL CHARGES**

Corner Booth Add \$50 per corner booth  
 Electricity - 110V \$10.00  
 Tables (1 table included in pricing) \$18.00

**DISCOUNTS**

Multiple Booth Discount  
 HBAS Members \$50.00 on Add'l Booths  
 Non-HBAS Members \$25.00 on Add'l Booths

Number of booths: _____	Total \$ _____
Electricity: ___yes ___no	_____
Corner Booth: ___yes ___no	_____
<b>Please Circle 6 or 8</b>	
Tables: ___yes ___no [ 6 ft or 8 ft ]	1 <sup>st</sup> Table – NC _____
Extra Tables: ___6 ft ___8 ft @ 18.00 ea	_____
Discounts: ___ Member Multiple Booth	_____
___ Non Member Multiple Booth	_____
	Total Due _____
<b>Deposit Enclosed</b>	
<b>(50% must accompany application)</b>	
<b><u>BALANCE DUE NO LATER THAN 01-11-2010</u></b>	
<b>Booth Space Requested:</b> See back of application for exhibit layout and booth assignment process.	
1 <sup>st</sup> Choice _____	2 <sup>nd</sup> Choice _____
3 <sup>rd</sup> Choice _____	
HERITAGE HALL _____	ARENA _____

Accepted By: _____	HBA SHOW MANAGEMENT
Booth Assignment: _____	Booth Price: _____
Booth Size: _____	Deposit Amount: _____
Date Processed: _____	Balance Due: _____

**METHOD OF PAYMENT Please Check**

\_\_\_ Check \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover

Card # \_\_\_\_\_

Security Code # \_\_\_\_\_

I hereby authorize the second (balance) payment to be debited to the same card

Authorized Signature \_\_\_\_\_

Today's Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**50% Deposit must accompany application – Make Checks payable to HBA of Salina**