



877-905-SOBE (7623) Fax: 877-304-3370 Email: hair@sobehairshow.com Web: SoBeHairShow.com  
 Address: 1521 Alton Rd, #560 Miami Beach, FL 33139

## EXHIBITOR FORM (VIP LEVEL)

MIAMI BEACH  
 JANUARY 8 & 9, 2012

Company Name <i>(as it will appear on booth sign and program listing)</i>		
Contact Person		
Address		
City	State	Zip
Phone	Fax	
Email		

QTY	Exhibitor's Booth	Price	Total
	<b>20'x30' BOOTH SPACE</b> Full page ad (NEAR THE FRONT) in our official Brochure (send 300dpi, JPEG, PDF: email to <a href="mailto:hair@sobehairshow.com">hair@sobehairshow.com</a> ) <b>20 Exhibitor Passes</b> Six (6), 6 Ft. Skirted Tables Twelve ( 12) Chairs ID Sign COMPANY LISTED AS SPONSOR ON ALL MARKETING MATERIALS- <b>INCLUDING RADIO ADS</b> Your Company Logo Displayed on the Lobby Television Monitors AND the Main Stage TV Screen Monitor Your company's logo on our website home page (email your company logo to <a href="mailto:hair@sobehairshow.com">hair@sobehairshow.com</a> ) Two (2) Standing Banners placed in the lobby of venue (Exhibitor provides the standing banners)	\$5000	
		<b>TOTAL DUE</b>	

<b>BOOTH SELECTION:</b> (Floor plan subject to change) Please indicate your first five (5) booth location preferences: 1ST _____ 2ND _____ 3rd _____ 4th _____ 5th _____
Category/Description of products/services to be offered: ▶ _____
Specific companies that you <b>do NOT</b> wish to be near: ▶ _____

**Payment Information** All exhibitor fees are nonrefundable. **Date** \_\_\_\_\_

**Type of Payment**  Visa  MasterCard  Amex  Check  Cash (Make Payable to SoBe Hair Show)

**Name of Card Holder** \_\_\_\_\_

**Card #** \_\_\_\_\_ **CVV** \_\_\_ \_\_\_ **Exp. Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

I understand that this application will become a binding contract upon acceptance by SoBe Hair Show and is subject to the terms, conditions and regulations which hereto constitute a part of, or are included in this application and contract.