**THE 5th ANNUAL HEMP AND HEALTH EXPO**

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***Saturday, October 19, 2019 12pm-5pm***

***Sunday, October 20, 2019 12pm-5pm***

***TRAC Center (Renamed to Hapo Center)***

***6600 Burden Blvd., Pasco, WA 99301***

Company Name (Please include UBI # if you have one)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Amount: (Each booth space is piped and draped and comes with 1, 6’ skirted table, 2 chairs, and 4 vendor wristbands.)

\_\_\_\_\_ $200 10x10 Inline Booth

\_\_\_\_\_ $350 10×20 Endcap Booth

\_\_\_\_\_ $4,000 Title Sponsor. Included in all advertising as the Presenting Sponsor; including TRAC Marquee on Rd. 68, TRAC website, Social media, Stage banner, Seminar room banner, flyers, prime booth location 10x20 size with electricity, 1st choice seminar speaking time, 30 complimentary admission tickets, local radio and tv ads, local/state magazines and newspapers, and discount coupons at your location.

\_\_\_\_\_$2,000 Sponsorship. Business logo included in all advertising. TRAC website, all Social media, stage banner, seminar room banner, flyers, endcap booth with electricity, 1 of top 2 seminar speaking time, 20 complimentary admission tickets, local radio and tv ads, local/state magazines and newspapers, and discount coupons for tickets at your location.

\_\_\_\_\_$1,000 Business Logo included in all material advertising including flyers, banners, printed ads, and all social media. 10 complimentary admission tickets. 2 Inline booths.

\_\_\_\_\_ **$30 Electricity**

\_\_\_\_\_ Credit Card Fee (2.75% for swiped or 3.5% for manual charges)

\_\_\_\_\_Total charges

Payment Method

\_\_\_\_\_Cash, Venmo, Cash App, PayPal or via website hempandhealthexpo.com

\_\_\_\_\_Check payable to: Bell Production, LLC

\_\_\_\_\_Visa/Mastercard/AmEx\*

\*Credit Card Authorization form included –please include with contract

Please contact hempandhealthexpo@gmail.com for any questions or call 509-222-9157

Email registration form to [hempandhealthexpo@gmail.com](mailto:hempandhealthexpo@gmail.com) or mail to 6306 Three Rivers Dr. Pasco, WA 99301

**Hemp and Health Expo Policy**

SUBJECT TO THE TERMS AND CONDITIONS SET FORTH ON THIS AGREEMENT, AND ANY ACCOMPANYING ATTACHMENTS, WHICH ARE INCORPORATED INTO AND FROM APART OF THIS AGREEMENT. UPON ACCEPTANCE BY Bell Productions, LLC (HEREAFTER

REFERRED TO AS “BP”), WE THE UNDERSIGNED, (HERE AFTER REFERRED TO AS “

EXHIBITOR”) AGREE TO RENT BOOTH SPACE(S) FROM BP FOR PARTICIPATION IN THE 2019 Hemp and Health Expo. EXHIBITOR AGREES PARTICIPATION IS CONTINGENT UPON PAYMENT IN FULL OF BOOTH SPACE(S) AND THAT LOCATION AND PLACEMENT OF BOOTH IS ENTIRELY AT BP, UNLESS OTHERWISE AGREED UPON.

Payment for spaces utilized for the 2019 Hemp and Health Expo will be as

follows:

A deposit secures a booth space until it is paid in full. All deposits are NON-Refundable, NON-Transferable after October 1, 2019. BP will return any and all payments in the event that the Expo does not occur on the specified date. All Payments are to be made payable to Bell Productions, LLC. A service charge of $30.00 will be imposed on any checks returned for non-sufficient funds. BP will pursue all legal and civil avenues allowable by law to collect the debt. (Please include Exhibitor Name on all checks).

Event Hours:

Friday 10/18/2019- 12pm.-5pm.- Vendor Move-in

Saturday 10/19/2019- 12pm-5pm –1st Day of Event

Sunday 10/20/2019- 12pm-5pm - 2nd Day of Event

Sunday 10/20/2019- 5pm-8pm- Vendor move-out

BOOTH: The exhibitor will be rented an assigned space and an area not to exceed booth boundaries. No displays or signage will be permitted outside this space without written permission from show management. Management reserves the right to change booth assignment.

RENTAL: The booth rental is exclusive to the exhibitor whose name appears on this agreement and no portion of the space can be sublet or assigned. The exhibitor shall forfeit his right to the space, all rental monies paid, and upon demand by management, pay any balance owing if

the exhibitor fails to occupy, use the space, or have the exhibit completed and in place by the opening of the show.

RESTRICTIONS: The management reserves the right to restrict or remove, without refund, any exhibits that have been falsely entered or deemed by the management to be unsuitable or objectionable. Exhibitors using sound as a marketing devices shall do so in a manner not to

disturb or affect the business of other exhibitors. P.A. devices or microphones are strictly prohibited. \*No helium balloons of any kind are allowed inside the Trac.\*Exhibitors shall not use adhesives or fasteners in any way to affix any item to any portion of the Trac.\*ALL EXHIBITORS ARE REQUIRED, AT THEIR EXPENSE OF MONIES OR EFFORTS, TO SECURE ANY

LICENSES, PERMITS, OR MAKE ANY CONTACTS NECESSARY TO COMPLY WITH LOCAL HEALTH PERMITS, FIRE CODES, TAX COLLECTION AND PAYMENT REQUIREMENTS, AS WELL AS ANY CITY, COUNTY, STATE OR FEDERAL REGULATION OR LAWS THAT WOULD BE BINDING ON THE EXHIBITOR. BOOTH CLOSURE BY ANY GOVERNMENTAL BODY WILL REFLECT SOLELY ON THE EXHIBITOR AND NO REFUNDS WILL BE MADE.

CANCELLATION: Should the exhibitor cancel this agreement (October 1, 2019 or later) for any reason, or should management deem the exhibitor in default or in violation of this agreement, all deposits paid to management by exhibitor shall be retained by management. If for any reason, the Expo does not occur as planned, all monies will be returned to exhibitor.

INDEMNIFICATION: By signing this agreement the exhibitor shall defend, indemnify and hold harmless Bell Productions LLC, and the TRAC Center; their parents, subsidiaries, affiliates, directors, officers, employees, insurers, and agents herein from and against all claims, damages, losses and expenses, including attorneys’ fees arising out of or resulting from the acts, errors, omissions, conduct or operations of the exhibitor, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death or to injury to or destruction of tangible property, including the loss of use resulting there-from, and (2) is caused or is claimed or alleged to have been caused, in whole or in part, by negligent act, error, omission, conduct or operation of the exhibitor, or any subcontractor, or anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, or (3) is abused or is claimed to have been caused, in whole or in part, by any product sold or service rendered by the exhibitor, its agents, employees, or subcontractors.

Email registration form to [hempandhealthexpo@gmail.com](mailto:hempandhealthexpo@gmail.com) or mail to 6306 Three Rivers Dr. Pasco, WA 99301

Exhibitor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hemp and Health Expo

Credit Card Authorization Form

(ONLY FILL OUT IF PAYING BY CREDIT CARD)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Bell Productions, LLC to incur charges against the credit card:

\_\_\_\_\_Total charges

NAME OF COMPANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CCV\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print name and company if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_