

# SUPPLIER EXHIBIT SPACE FORM



**2012 PPAF Expo**  
**August 22-23, 2012**  
**Orange County Convention**  
**Center**  
**Orlando, FL**

All suppliers must be PPAF members for the 2012 calendar year to exhibit at the 2012 Expo.

## MAIN CONTACT

Company Name: \_\_\_\_\_  
Line Name: \_\_\_\_\_ PPAI# \_\_\_\_\_ SAGE# \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address (for show related materials): \_\_\_\_\_

## EXHIBIT SPACE PRICING

	<i>Booth Cost</i>	<i># of Booths</i>	<i>Total</i>
Booth Space <small>Booth space is \$890 if reserved after December 31, 2011</small>	\$690.00 <small>(\$250 deposit due by Dec. 31, 2011, balance due by April 30, 2012)</small>	_____	\$ _____

*Booth package includes carpet, booth sign, 8' table and wastebasket.*

## PAYMENT OPTIONS

Send this completed form, the signed contract for exhibit space, your payment for exhibit space to SAGE. When your payment is received, your exhibit space will be confirmed. Your prompt attention to this matter is necessary as exhibit space is assigned on a "first come, first serve" basis.

Check     MasterCard     Visa     American Express    **Total Due (all pricing US) \$ \_\_\_\_\_**

\_\_\_\_\_  
MC/Visa/AMEX/Check Number    Expiration Date    Authorized Signature for Credit Card

Credit Card Billing Address: \_\_\_\_\_  
Street or PO Box    City    State    Zip

Printed name on credit card: \_\_\_\_\_

**I agree to the terms and conditions of the PPAF EXPO Contract for Exhibit Space (see <http://www.sageworld.com/sagetms/ppafexhibitor.htm>) on behalf of Exhibitor and I represent that I am authorized by Exhibitor to do so on its behalf.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



Make Checks Payable To: SAGE  
2508 Highlander Way Ste. 200 Carrollton, TX 75006    Phone 800.925.7243    Fax 800.905.7243

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