7-Eleven FOASC
2018 Trade Show

May 16th, 2018
Pasadena Convention Center
Exhibit Hall B
300 E. Green Street, Pasadena, CA
12 noon – 5 p.m.

Please return the forms to 7-Eleven FOASC at 885 Patriot Drive #G, Moorpark, CA 93021 or fax to (818) 435-2978 or email to foasc711@yahoo.com

Deadline to Register: May 4th, 2018

7-Eleven FOASC

FRANCHISE OWNERS ASSOCIATION OF SOUTHERN CALIFORNIA

Trade Show 2018 Registration

Vendor Application and Contract for Exhibit Space
"The 7-Eleven Franchise Owners Association of So. Cal. Trade Show
Pasadena Convention Center, Exhibit Hall B, 300 E. Green Street, Pasadena, CA. May 16th, 2018

1. Firm Name_____The undersigned (hereafter called the "exhibitor") hereby applies for space in "The 7-Eleven Franchise Owners Association of So. Cal. Trade Show" at the Pasadena Convention Center, Pasadena Ca, Wednesday May 16th, 2018

2. Number of Booths_____ (Brokers: 2 LINES PER BOOTH) **Booth fee is $2,999 for all booths.**
If application and fee are received by March 19th 2018 a discount of $500 applies (Booth price $2,499).

Your check should accompany this contract and be received no later than May 4, 2018. The exhibit fee includes: pipe, drape, draped table, two chairs and booth ID sign. Booth fees are nonrefundable after April 30, 2018. Refund requests must reach our office in writing by April 30, 2018.

3. Programs or services to be exhibited: The following description is intended to aid us in avoiding service conflicts arising from space assignments. Please be explicit:
_____

4. All correspondence should be addressed to:
The 7-Eleven Franchise Owners Assoc. of Southern California Trade Show 885 Patriot Drive #G, Moorpark, CA 93021
This contract shall not be binding unless and until it is accepted and approved in writing by FOASC with the signature of our duly authorized representative.

5. The exhibitor agrees to and understands Pasadena Convention Center and 7-Eleven Franchise Owners of Southern California assume no liability for any loss or damage or liability for any injury to any person resulting from any act or omissions occurring during or in transit to or from the show. Each exhibitor assumes complete responsibility and liability for all loss, damage, or destruction of the show site by the exhibitor or any person brought on to the property on his/her behalf. The exhibitor also assumes all responsibility and liability for injury to any person or property in any way connected with the exhibitor's display caused by the exhibitor, his agent, representative or employee.

6. IN WITNESS WHERE OF, APPLICATION HAS CAUSED THE CONTRACT TO BE SIGNED BY AN OFFICER OR PERSON DULY AUTHORIZED

FIRM_____

ADDRESS_____ (FOR OFFICE USE ONLY)

CITY_____STATE_____ZIP CODE:_____ ACCEPTED BY FOASC

TEL_____FAX_____ BY_____DATE

(PRINT NAME)_____ BOOTH #_____

(SIGNATURE)_____

TITLE_____

Please return this form to 7-Eleven FOASC at the address above, with your vendor information form, fax to 818-435-2978 or email to foasc711@yahoo.com.

2018 FOASC TRADE SHOW VENDOR INFORMATION FORM

(PLEASE COMPLETE & RETURN ASAP)

COMPANY NAME:_____

COMPANY ADDRESS_____

_____

KEY CONTACT NAME_____

EMAIL _____

TEL #_____

FAX # _____

BOOTHS ORDERED_____

Show Schedule – Wednesday May 16th, 2018
Setup 9am – 12pm
(All booths must be set by Noon)
Show opens at noon, Show closes 5pm

Teardown immediately after show

NAMES OF PERSONNEL FOR EXHIBITORS BADGES

_____ _____

_____ _____

_____ _____

WE WOULD LIKE TO DONATE THE FOLLOWING AS RAFFLE PRIZES:

_____

Hotel Information: Sheraton Pasadena (adjacent to the convention center)
Tel # 626-449-4000
303 East Cordova St.
Pasadena CA 91101

Please call the hotel directly at the number above

Please return this form to 7-Eleven FOASC at the address above, with your vendor information form, fax to 818-435-2978 or email to foasc711@yahoo.com.

If you would like to pay by the credit card kindly fill out and return this form.

We accept MASTER CARD, AMEX and VISA.
( ) MASTER CARD, ( ) VISA, ( ) Amex ( ) Other
Card # _____
CVN# _____ Expiration Date_____
Cardholder's Signature _____Date_____
Cardholder's Name _____

Invoice # _____
Amount $_____