

# YOUTH CONVENTION

## Exhibitor & Advertising Contract

### Payment Schedule & Cancellation Policy:

A minimum of 50% of the **total booth and ad cost** is due with the contract. Contracts without complete deposit will not be processed. Full payment, ad copy, and/or company logo are due by Oct. 30th, 2009. For cancellations received by Oct. 30th 2009, YM will retain your non-refundable deposit. All cancellations and requests for refunds must be in writing.

\*Company name, address, and phone will be listed in the conference magazine.

\* Company name, address, and phone will be listed in the online directory.

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name : \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Web Address: \_\_\_\_\_

### EXHIBITOR REGISTRATION (each 8' X 10' space includes online & brochure listing and standard electrical)

<u>QTY.</u>	<u>Description</u>	<u>Amount</u>
_____	8' X 10' booth	\$500.00

Total Booth Cost: \$ \_\_\_\_\_

### ADVERTISING IN PROMOTIONAL MATERIALS (Circulation approximately 6,000 +)

<u>QTY.</u>	<u>Description</u>	<u>Amount</u>
_____	Full Page	\$1000.00
_____	Half Page	\$700.00
_____	Quarter Page	\$500.00

Total Promotional Materials Cost \$ \_\_\_\_\_

TOTAL AMOUNT DUE (Booth and Ads) \$ \_\_\_\_\_

Form of payment (please check one)

\_\_\_\_ Check enclosed (please make payable to Youth Ministries)

\_\_\_\_ I authorize Youth Ministries to charge \$ \_\_\_\_\_ to my (circle one): VISA MasterCard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Cardholder's Name: \_\_\_\_\_

We, the above signed company, having read and agreed to the Terms and Conditions, contract for exhibitor space and services for 2009 Youth Convention scheduled for Nov. 2yth -29th 2009 at the Anaheim Convention Center (Please Sign) (\*We reserve the right to have clothing or product with objectionable messages removed)

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

By: \_\_\_\_\_

Accepted by: Youth Ministries: \_\_\_\_\_ Date: \_\_\_\_\_

Booth Assigned \_\_\_\_\_ Date: \_\_\_\_\_

Please Direct Any Inquiries to:

Drew Smithson  
 949-252-8696  
 ym@socalag.org

Send Application and Deposit to:

Youth Ministries Phone: 949-252-8696  
 17951 Cowan Fax: 949-252-8435  
 Irvine Ca 92614 (Credit Card Payment Only)

### YM Use Only

Total Cost: \_\_\_\_\_

Deposit: \_\_\_\_\_

Balance Due \_\_\_\_\_

Check #: \_\_\_\_\_

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

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

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