



Empowering the World Through Inspiration

Application for Exhibit Space

2014 Business & Entrepreneurship Conclave

Location TBD (Columbus, GA)

Exhibit Date: September 13, 2014

Exhibitor Move-In Date & Time: September 13, 2014 from 10:00am – 10:45am

Company Information

Company Name: _____

Primary Contact Person & Title: _____

Address: _____

Street

City

State

Postal ZIP

Telephone: _____ Fax: _____

Email: _____

Exhibit Space INCLUDES:

- One 6' Exhibit Table (*\$30 fee*)
- Two Complimentary Exhibitor Chairs
- Two Complimentary Exhibitor Badges
- Electricity (*if required*)
- Internet Connection



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Exhibitor Name(s)

1st Exhibitor _____

2nd Exhibitor _____

Check this box to request additional exhibitor badges. Please add \$10 to your grand total for exhibit space.

Payment Information

PayPal – Please send the fee (\$30 or more) to the following email account: scjjhorton@gmail.com. If you don't have a PayPal account, you can sign on as a guest and still make the payment.

Check or Money Order (Checks and money orders should be made payable to **SD Horton Enterprises**. Checks will not be accepted unless they are made in U.S. funds drawn on a U.S. bank.)

Credit Card – Please charge (Grand Total): \$_____ to my:
VISA / MasterCard / American Express (circle one)

Name on Card: _____

Signature: _____

Billing Address: _____

Street

City

State

Postal



Empowering the World Through Inspiration

Card Number: _____

Expiration Date: _____ *Validation Code: _____

*For VISA or MasterCard, the validation code is the last three digits in the signature box. For an American Express, the validation code is the four numbers above the credit card number.

Agreement Signature

We agree to abide by the exhibit rules and regulations that are a part of this application. If an exhibitor cancels the exhibit space prior to September 1, 2014, the company/individual will be responsible of 50% of the total contracted space costs. No refunds will be issued for cancellations after September 1, 2014.

Signature: _____

Title: _____

(Authorized Representative)

Printed Name: _____

Date: ____ / ____ / ____

Please return this completed application/contract as soon as possible to:

**SD Horton Enterprises
P.O. Box 1612
Alamogordo, NM 88310
Phone: (575) 491-5906 / Email: scjjhorton@gmail.com**