

PRIMARY SPONSOR

EXHIBIT SPACE AGREEMENT

Duval County Council of PTAs / PTSAs Vendor Fair – May 16, 2017 at UNF

Date: 2.6.2017

Dear Vendor,

The Duval County Council of PTAs & PTSAs would like to invite you to participate in our annual **Vendors Fair on Tuesday, May 16, 2017**. This Vendors' Fair is in conjunction with and prior to our PTA Presidents' and Principals' Luncheon. This event is held for all PTAs/PTSAs in the Duval County School District. The majority of attendees are Board Members from local PTA units and the school Principals. (The DCC PTA also extends an open invitation to all PTA members, school-sponsored clubs and community groups to attend, free of charge.)

Our event will once again be held at the University of North Florida – University Center – 12000 Alumni Drive, Jacksonville, FL 32224. The exhibit hours for the Vendors' Fair will be from **9:15 A.M. until 11:30 A.M.** Admittance for set-up will begin at 8:00 A.M. We welcome your participation by exhibiting/displaying your products and distributing information. Direct sales organizations are welcome to sell items during the fair. Space is limited. The fee for the event is \$175 per table or exhibit space.

OPEN until all spaces are filled. However, space is very limited and we usually book all exhibit spaces before the end of February. At some point we may be on a "wait list" status.

If you are interested, just **print out and complete the Exhibition Space Agreement (pg. 3), and mail it along with your check, made out to DCCPTA, for \$175 per table or exhibit space**. Please also send me an email to let me know to look out for your registration – TeriSellsJax@gmail.com.

The Duval County Council looks forward to your participation in our Vendors Fair on Tuesday, May 16th, 2017.

If you have any questions, please feel free to contact me.

Sincerely,

Teri Davis

Teri Davis
DCCPTA Vendor Fair and Business Partners Coordinator
TeriSellsJax@gmail.com
904 612 3950

DCCPTA President: Karen Nuland
www.DCCPTA.org

EXHIBIT SPACE CONTRACT

Duval County Council of PTAs/PTSAs Vendor Fair- May 16, 2017

The undersigned agrees to rent a table from the Duval County Council of PTAs/PTSAs at the DCC PTA annual Vendors’ Fair to be held at the University of North Florida – University Center – 12000 Alumni Drive, Jacksonville, FL 32224, on Tuesday, May 16th, 2017. (Exhibit space will be limited to three tables of exhibit spaces maximum per business.) The undersigned understands that no definite assignment of spaces will be made without the required fee paid in FULL by the deadline.

The undersigned hereby contracts for an exhibit space (or spaces, as indicated below), for a fee/donation of \$175.00 per table or exhibit space during the Vendors’ Fair on Tuesday, May 16th, 2017.

A fee of \$40 will be charged for returned checks.

- Exhibitors may begin setting up at 8:00 A.M. on May 16th, 2017
- Exhibitors’ hours will be 9:15 A.M. to 11:30 A.M. (Attendees will start to head to the luncheon at 11:15 A.M.)
- The luncheon is currently not open to the exhibitors.

The Duval County Council of PTAs/PTSAs and the University of North Florida – University will not be responsible for any loss, damage, or injury to the exhibitor. Your cooperation in complying with the following rules will be greatly appreciated:

- Exhibitors will be responsible for their own property, materials and display
- Exhibitors will be responsible for any damages to University property
- Exhibitors will use materials conforming to the fire regulations of the area.
- There will be no smoking anywhere in the exhibit area from 8:00 A.M., throughout the exhibit hours.

This contract will be considered binding upon receipt of the signed agreement with payment in full of exhibit space fee(s). The Duval County Council of PTAs/PTSAs reserves the right to accept or reject applicants wishing exhibit space if for any reason they do not conform to our basic policies. In the event of rejection or in the case that all spaces are reserved, the fee will be returned. There will be NO REFUNDS other than mentioned in this contract. **Exhibitors that cancel after the final registration deadline, or and “no shows” will not be able to receive a refund.**

Important note: In order to participate, you must complete, sign and return the attached agreement, which serves as confirmation of the contract, along with your payment of \$175 per table or exhibit space. When payment is received – your space will be reserved. Contracts may be electronically scanned, filled out and emailed to coordinator rather than mailing. However, we are **only able to accept a check** (or money order) as payment. We do not have the ability to accept credit cards at this time. Make checks payable to DCCPTA. The mailing address is on the bottom of the agreement can be obtained from our website: www.DCCPTA.org

We attempt to email you when your check is received by our Treasurer. Receipts will not be mailed out. By Request, you may receive a receipt via email.

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Company or Business Name

Description of Product or Service

Contact information for VENDOR FAIR PARTICIPANT/person responsible for an exhibit that day:

Name: _____

Email address (will be used for pre-event communications and notifications, confirmations, etc.) okay to list multiple.

Phone number _____

Representative's Business Address _____

City, State, Zip _____

Name of Area Representative for Duval County - *IF OTHER THAN VF PARTICIPANT

Home Office Address and phone number (only if different than address above)

Florida Tax License (Circle one) YES NO

Do you need a table (DCC will provide one 4" table per paid Vendor Space). Note: Double table/spaces = double payment
YES NO (paid for double spaces _____)

Do you require electrical outlets? (Limited, first come, first serve)
YES NO

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The undersigned has read and understands the Exhibit Space Contract, rules and regulations (listed on the previous 2 pages of this document) that are part of this agreement.

Signature: _____ (print name) _____

This contract is executed the ____ day of _____, 2017.

**If the person signing the agreement is different than the name of the VF participant, please provide an additional email & / phone #.*

Amount enclosed \$ _____ = _____ Exhibit spaces

Date Received _____ Ck _____

We encourage you to make a copy of this form for your records.

Please mail your signed EXHIBIT SPACE AGREEMENT (this page only) and the check (made out to DCCPTA) to:

DCCPTA

Vendor Registration

PO BOX 5397

Jacksonville, FL 32247