

PARTICIPATION AGREEMENT



Please print clearly

This Box is for your info in the Expo Guide

COMPANY/EXHIBITOR _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Phone (____) _____ WWW: _____
 Your description for Expo Guide (limit to 20 words) _____

CONTACT INFO (Name): _____
 Title: _____ Phone (____) _____
 Cellular (____) _____ Fax (____) _____
 Email: _____
 Mailing Address _____
 City _____ State _____ Zip _____

DESCRIPTION

1) Sponsorships: 4-STAR: ____ 3-STAR: ____ Excl.: ____
 2) Booth size: ____' X ____' Choices: a) # ____ b) # ____ c) # ____
 3) Workshop Slot: Hour preferences for Friday: ____ Saturday: ____
 4) Ad in Expo Guide: _____
 5) Other: a) 2nd listing @ \$395 ____ Note: _____

July 18 & 19, 2008
Sheraton Miami Mart Hotel

Please complete and return this Agreement to show organizers by fax to **(305) 412-3247**. All requests will be assigned on a first-come, first served basis.

Make your check payable to **MIAMI MONEY MAKING EXPO** and mail it with a copy of your Agreement to **8900 SW 107 Ave., Ste 313 Miami, FL 33176**

Agreement will be considered valid when signed by Show Management. Once approved, a confirmation will be emailed to you.

COSTS

1) Sponsorship \$ _____
 2) Booth \$ _____
 3) Workshop \$ _____
 4) Expo Guide \$ _____
 5) Other \$ _____

 TOTAL \$ _____

Standard booth packages include pipe & drape, one 6' draped table, 2 chairs, 1 wastebasket, ID sign, listings in Expo Guide and staff badges. Hall is already carpeted.

 Exhibitor / Sponsor Signature

 Expo Account Executive

 Date

As an authorized representative of the Company / Exhibitor contracting services described above, I have read and understood the content of this Agreement as set forth here and in the MIAMI MONEY MAKING EXPO Terms & Conditions, and agree to abide by them. Fax or email transmission of this Agreement and any signatures affixed hereto shall be considered for all purposes as originals.

PLEASE CHARGE MY CREDIT CARD VISA ____ MC ____ AMEX ____ DISC ____
 Number _____ Cardholder _____
 Expiration: _____ Signature _____
 CC Billing Address _____ Zip _____

Approved by Show Management: _____ Date: _____