

Deposit Amt Rcvd:

Balance Amt Due:

Balance Amt Rcvd:

CK/CC#

CK/CC#

## **2019** Exhibitor Space Application

## Register Now

February 23 & 24
Saturday, 9 am – 6 pm
Sunday, 10 am – 5 pm
Verizon Arena

North Little Rock

Please Complete All Applicable Information:				
Company Name				
Mailing Address				
City State	e Zip	Phone ( )		Fax ( )
E-Mail	Website			
Only products and services related to the building industry can be displayed. Please describe your products or services:				
Authorized Contact				Γitle
This person will receive ALL of our mailings and must be authorized to commit your company to an exhibit space.				
Applicant acknowledges receipt of the Rules and Regulations for the 2019 HOME SHOW and agrees to fully comply. This Application/ Contract for Exhibit Space and the Rules and Regulations for the 2019 HOME SHOW becomes a binding contract upon the signature by the authorized representative of the Exhibitor and upon issuance of the confirmation by the Home Builders Association of Greater Little Rock.				
Signed by	ed Signature Required			Date
	ou organica required	CIZE AND C	OCT INFODM	IATION
BOOTH CHOICES  Full consideration is given to booth choices. If unavailable, you will be contacted prior to assignment.  1st	Balances m	k) 50% Deposit RE ust be paid in full b is) Full payment R assignments will k WILL BE NO REF (based on a minin Member) \$995 Non Member) \$129 a on layout that the both locations. *Ple off 2 <sup>nd</sup> booth, 10% I to 2 <sup>nd</sup> booth of equa HIBITORS MUST HA (see item X	be made unless per made unless per made unless per unum 10° x 10° be standard (№ 55 > Stan	gistration application. All 2019. egistration application. egistration application. eayment is received. DECEMBER 15, 2018. coth) Member) \$895 Non Member) \$1195 med booth number denotes Regs for more information.  ! ♦ ♦ ♦ booths thereafter 0% discount on all booths thereafter) ABILITY INSURANCE
North Little Rock, AR 72115  Delivery Address ONLY HBA-GLR 2901 Main Street North Little Rock, AR 72116 TEL: (501) 758-3646 FAX: (501) 758-3649	1 <sup>st</sup> BOOTH 2 <sup>nd</sup> BOOTH 3 <sup>rd</sup> BOOTH 4 <sup>th</sup> BOOTH 5 <sup>th</sup> BOOTH TOTAL COST	\$\$ \$\$ \$\$ \$\$	(10% off) (10% off) (10% off)	\$995 20%=\$796 10%=\$895.50 \$895 20%=\$716 10%=\$805.50 \$1195 20%=\$956 10%=\$1075.50 \$1295 20%=\$1036 10%=\$1165.50 **50% for cash/check
For HBA-GLR Use Only				*FULL PAYMENT FOR CC*
Date Rcvd:	45 115	1.5	alitle All One al	

\*Full Payment Required with All Credit Card Payments\* VISA/MC/AMEX# 3-4 Digit Authorization Code Expiration Date\_ Billing Address: