

Soaring Wings Half Marathon Expo
2019 Exhibitor Application

Name of Company: _____
Company Address: _____
Contact Person: _____
Contact Number: _____
Contact Email: _____

Type of product or services your company will be promoting or selling:

Do you require electricity at your booth? (additional charge may be applied)

☐ YES ☐ NO

Is your company a Non-Profit? If so, what is your Tax Exempt ID number issued by the state in which you operate?

Will you be selling products or services? If yes, please provide your TIN and AR State Sales Tax Certificate number:

Each single 10'X10' booth space will receive a 6' skirted table, two chairs, and a trash can. Each booth will have an 8' high back drape and 3' high drape sides.

Number of Booth Spaces requested:

- ☐ Single (10X10) \$150
- ☐ Double (20X10) \$250
- ☐ Triple (30X10) \$400

Extra tables may be requested at \$10 each. If you require extra tables, how many would you like? _____

Will you be using a pop up tent at your booth? ☐ YES ☐ NO

Method of payment: ☐ Check (enclosed)
 ☐ Online at www.swhalf.com/expo

Amount Paid: _____

Any additional notes about your booth or requests:
