

ANA Convention Boston 2010 (July 3 & 4)

Vendor Space Application

Please, complete the form below and submit to at the address at the bottom of this form. Since we provide the space on First Come first serve basis, you are requested to apply at your earliest possible.

Exhibitor Name/Company: _____

Business Address: _____

Business Description: _____

(Please try to be specific) _____

Business Phone: _____ Cell Phone: _____

E-Mail: _____ Web-Site: _____

(All booths are for 2 Days Rental from July 03 & 04, 2010. All prices are in US \$)

Qty.	Size/Type	Rate	Amount (\$)
_____	6' X 8'	\$ 350.00	_____
_____	9' X 16'	\$ 700.00	_____
_____	Banner 3' X 6'	\$ 100.00	_____
	Total \$		_____

Number of People Working at your Booth: _____ (Max. 2 person allowed)

(Please provide us name list no later than June 15, 2010)

Do you need Internet? (Add \$ 25.00) YES _____ NO _____

Payment (Circle one): Check Money Order Credit Card

(Please make check available to: ANA Convention 2010. Returned check Fee \$ 35.00)

By submitting this form, you agree to the terms & conditions set out within the ANA Convention 2010, Boston.

Company Name: _____

Authorized by: _____

Signature: _____

Date: _____

(We will notify once we approve your application and process your payment. If your application is not approved, we will refund your payment in full and notify you accordingly.)

Terms and Conditions:

I/We _____, hereby contract to lease and occupy the exhibit space described above for the duration of the listed ANA 2010 Convention in Boston. Payment for this space is included with this Vendor Contract. It is agreed that only ONE Vendor can occupy this booth space.

We agree to abide by the following rules and stipulations:

1. Exhibitor agrees to abide by all applicable laws, ordinances and regulations pertaining to health, fire prevention, public safety, business licenses and sales tax permits.
2. The Food Vendor must send ANA Convention Boston 2010 the proof of insurance once your application is approved.
3. ANA Convention will provide two 30"X96" Tables and Two Chairs to food vendors and one 30"X96" table and two chairs to non-food vendors. Any other furniture, banners, displays or equipment will be vendor's responsibility.
4. Use and/or sale of any weapons and alcohol is prohibited in the exhibition hall.
5. The Vendor/Exhibitor assumes all risk and hazard incident to his own exhibit/venue or to the vendor's and representatives, or to other persons in his exhibit/vendor area.
6. It is understood that the exhibitor/vendor assumes no financial liability pertaining to the events success beyond the cost of his exhibit/vendor display area.
7. Exhibitors/Vendor's are responsible for the safety and cleanliness of their contracted spaces.
8. Please notify us immediately of any exhibit personnel changes. Exhibitors must pick registration packets and badges to gain entry to vendor hall.
9. ANA Convention has full authority to terminate your contract at anytime, if ANA Convention Boston 2010 believes you are not abiding the rules of ANA Convention Boston 2010.
10. Once the application is approved, exhibitor understands that this contract is non-transferrable, non-cancellable and cannot sub-let to other party/companies.

Signed and authorized by _____ Title: _____
 Date: _____

Mail the Original Signed and Dated application with full payment to:

Jangbu Sherpa
253 North Beacon Street # 31
Brighton, MA 02135

OR

FAX TO: 1-888-389-8018
(Only if payment type is Credit Card)

(Please make Check and Money Order Payable to: ANA Convention Boston, 2010)

For further Questions or Information Contact:

Jangbu Sherpa	347-613-5886	Dipesh Shrestha	617-833-8536
Padam Gharti	617-319-7373	Hem Pokharel	617-230-6036
Sheshraj Khatiwada	617-953-4556	Yam Sharma	617-223-7551
E-Mail: anatrade2010@gmail.com			

For office use only

Date Received: _____ Placement: _____
 Entered by: _____ Approval Status: _____

Amendment and Remarks:

**You may fax this Credit Card Authorization Form along with
Vendor Space Application form to Fax No: 1-888-389-8018**

ANA Convention Boston 2010

Credit Card Authorization Form

Date: _____

Name on the card: _____

Credit Card Billing Address: _____

Credit Card Type: Visa Master Card
(Circle one)

Credit Card Number: _____

Expiration (MM/YY): _____

Card CVS # (last 3 digits at the back): _____

Amount: \$ _____

I agree to pay above credit card amount according to Card Issuer Agreement.

Card Holder's Signature