

BOOTH FURNITURE

At no additional cost to you, SnowJam will supply your booth with:

- 8' high back wall & 3' high side-walls of pipe & drape
- One draped 6' table, two folding chairs, one wastebasket
- One booth sign that will read the same as your Contract



If this is all you will need, **DO NOT SEND THIS FORM BACK**. If you need to make a change to the above, or you need additional furniture to the above, please complete and return this form by **10/26/11**.

FREE BOOTH SIGN: Company Name (as appears on Contract) _____

Sign should read: (27 char. Limit) _____

NO sign required **NO booth furniture required.**

The following equipment may be purchased at these advance prices (includes delivery to your booth prior to show opening), if this form is returned to the SnowJam office no later than **October 26, 2011**. Please indicate your choice & quantity of equipment below:

ADDITIONAL 6' DRAPED TABLE(S):

[Quantity: _____] 30" high @ \$43.00 ea
[Quantity: _____] 40" high @ \$73.00 ea

Total Tables \$ _____

FOLDING CHAIRS: [Quantity: _____] @ \$7.00 ea

Total Chairs \$ _____

WASTE BASKET: [Quantity: _____] @ \$5.00 ea

Waste Basket \$ _____

10' x 10' BOOTH CARPET: [Quantity: _____] @ \$95.00 ea

Booth Carpet \$ _____

Circle Color: Gray Blue (Show colors are blue & white)

Grand Total Furn. \$ _____

Booth Number(s) _____

Please note that the prices indicated on booth equipment ordered are only available **IF THIS FORM IS RECEIVED IN THE SNOWJAM OFFICE BY October 26, 2011**. If this form is **NOT** received by **October 26, 2011**, you will be charged the **FLOOR RATE** (APPROX 50% MORE) for the equipment. Any questions regarding additional equipment should be directed to SNOWJAM at (951) 587-6266.

Please charge my credit card as indicated. I agree to the enclosed PAYMENT & CREDIT CARD AUTHORIZATION Terms Form.

FIRM NAME _____ DATE _____

CONTACT _____ TITLE _____

ADDRESS _____ CITY/STATE/ZIP _____

SIGNATURE _____ 3-digit V Code on back of card: _____ **

CREDIT CARD _____ EXP DATE _____ (Circle One) MC VISA AMX

NAME ON CARD _____ ADDRESS (If Different) _____

** Please note, if paying by Visa/MC you must include the 3-digit code found on back of card at end of account number.

Return form by **10/26/11** to: SnowJam
43537 Ridge Park Drive, Suite 101
Temecula, CA 92590
FAX: (951) 587-6515