

# Luxury Pet Pavilion LA Exhibitor Space Application Contract

PLEASE TYPE OR PRINT CLEARLY

Company Name: \_\_\_\_\_ Company Name to appear in ads as: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_ Web \_\_\_\_\_

Luxury Pet Pavilion ("Pawliquely Yours") has entered into an agreement with the Westin Bonaventure for our February show, located at the Westin Bonaventure, Pasadena Exhibit Hall, 404 South Figueroa Street, Los Angeles CA 90071 ("Space") for **Luxury Pet Pavilion** (the "Show") from February 22, 2008 through February 24, 2008. February 22 Set-Up Day, February 23-24 Show Dates.

Pawliquely Yours and Company hereby agrees to enter into this Space Application Subcontract ("Application") to reserve booth space ("Exhibitor Space") within the Space for the Company as outlined herein, subject to the terms and conditions, attached hereto and incorporated herein as Exhibit A to this Application.

Print name \_\_\_\_\_ Print Title: \_\_\_\_\_ Your signature \_\_\_\_\_ Date \_\_\_\_\_

Exhibitor Space shall be assigned in accordance with availability and the preference of Company.

Company must sign and return the Application and send to Pawliquely Yours along with a minimum of fifty percent (50%) of the fee ("Fee") outlined below as ("Deposit") to reserve an Exhibitor Space. The remaining balance of Fees must be paid in full no later than **Monday, October 22, 2007**. Failure to complete payment of the Fee by **October 22, 2007, or withdrawing from Exhibitor Space anytime after Deposit is made**, will result in the loss of the Deposit and loss of Company's Exhibitor Space reservation. Said forfeited Deposit shall constitute liquidated damages, and is considered reasonable by the parties to this Application and is not a penalty. No Exhibitor Space shall be assigned orally via telephone or otherwise. Any Exhibitor Space that may be available after **October 22, 2007 must be paid in full in advance**.

Company's Exhibitor Space requirements refer to booth selection sheet.

Indicate your six (6) booth location preferences 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_

Indicate total number of Exhibitor Spaces required \_\_\_\_\_ Total Exhibitor Space price \_\_\_\_\_

The Fee to be paid for the Exhibitor Space shall total \$ \_\_\_\_\_. Company Name to appear in Ads \_\_\_\_\_

Please list any specific companies you do not want to be placed near \_\_\_\_\_

Submission of this Application is also made subject to the rules outlined in the Exhibitor Prospectus provided by Luxury Pet Pavilion, attached hereto and incorporated herein as Exhibit B ("Rules").

Payment type:  Check or Money order  Visa  MasterCard  American Express

I authorize Pawliquely Yours to charge my credit card for payment indicated below.

Total payment \_\_\_\_\_ Credit card # \_\_\_\_\_ exp. Date \_\_\_\_\_

I hereby authorize Luxury Pet Pavilion (Pawliquely Yours) to charge this same card on October 22, 2007 for any remaining balance.

Billing address, cardholder \_\_\_\_\_

Name on card \_\_\_\_\_ Authorized sig. \_\_\_\_\_

Enclosed is a check in the amount \_\_\_\_\_ make checks payable to Pawliquely Yours, LLC.

No space will be assigned if Company has not (a) Submitted the Deposit and (b) Signed this Application.

Mail to: Pawliquely Yours, LLC at 625 Coral Way, Ft. Lauderdale, Florida 33301, **fax to 954-302-1054** or send via pdf to [info@luxurypetpavilion.com](mailto:info@luxurypetpavilion.com)

Office use only.

Exhibitor Space assignment \_\_\_\_\_

Amt. Rec'd \_\_\_\_\_ Payment Type \_\_\_\_\_ Date rec'd \_\_\_\_\_ Rev 7/10/07