

February 26, 27, 28, 2010

MADISON FISHING EXPO

EXHIBITION HALL AT THE ALLIANT ENERGY CENTER
FISHING EXHIBITS ONLY

SHOW HOURS:

Friday – 4:00 p.m. to 9:00 p.m.
Saturday – 9:00 a.m. to 7:00 p.m.
Sunday – 9:00 a.m. to 5:00 p.m.

Multiple Booth Rates		BOOTH SPACE RATES	
1-\$488	4-\$1739	RATES: 50% per booth deposit due with signed contract. Balance due 1-1-10	Booth includes: 1 – 10 x 10 draped booth
2-\$968	5-\$2175		8 ft. high back drapes and
3-\$1343	6-\$2609		3 ft. high side drapes 1 parking pass per booth*

For electrical hookups, tables, chairs, etc. you will be contacted at a later date.

Multiple Booth Rates		❖ EARLY SIGN UP SPECIALS ❖	
1-\$438	4-\$1539	This option not available for requested corner booths. Must paid in full by October 31st for early rates. (NO EXCEPTIONS)	
2-\$868	5-\$1925		
3-\$1193	6-\$2309		

(NO REFUNDS AFTER 1-1-10)

(Unless full payment is received by 1-1-10 the Madison Fishing Expo Inc. reserves the right to replace partially paid exhibitors with fully paid exhibitors.)

EXHIBITOR NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ SELLERS PERMIT #: _____ S.S.#: _____

AREA CODE & NUMBER _____ PRODUCT SOLD IN BOOTH: _____

PRINT OR TYPE NAME: _____ SIGNATURE: _____

If you want a free link on our homepage, please write your address here: www. _____

BOOTH SPACES WILL BE ASSIGNED BY MADISON FISHING EXPO
NO PHONE IN RESERVATIONS WILL BE ACCEPTED

NUMBER OF BOOTHS REQUIRED: _____ BOOTH PREFERENCE (NOT GUARANTEED): _____

FOR MORE INFORMATION: CONTACT STEVE HAUGE AT (608) 245-1040 OR FAX: (608) 245-1040

MAKE CHECK PAYABLE TO "MADISON FISHING EXPO, INC." Please write Clearly

Send check and **BOTH COPIES** of application to:
 Madison Fishing Expo, Inc., c/o Booth Chairman
 P. O. Box 14044, Madison, WI 53718-0044

VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>
Card # _____	
Exp. Date _____	Amount _____
Sign _____	

Exhibitors: Do not write in space below.

SPACE ASSIGNED _____	TOTAL SPACE COST _____
DATE RECEIVED _____	CHECK NO. _____
AMOUNT RECEIVED \$ _____	AMOUNT DUES \$ _____