Merchant/Exhibitor Application / Contract

ICE ESCAPE 2006 Author/Publisher Convention

Please fill out form completely. Send registration form and \$400 Payment (payable to ICE House Productions, LLC) to:

ICE HOUSE Productions PO Box 8829 Scottsdale, Arizona 85252

Checks will not be cashed until application is accepted.

Merchant/Exhibitor Details:	
*COMPANY:	
*NAME:	
*STREET ADDRESS:	
*CITY: *STATE: *ZIP:	
*PHONE: EMAIL:	
*STREET ADDRESS: *CITY:	
WEBSITE:	
To authorize us to publish your website or email for on our website or promotional mater CIRCLE one:	
Email Website Both None	
Diffull Website Both 1 (one	
BOOTH INFORMATION:	
D. A. T'A	
Booth Title: For Sign and Promotion	
For Sign and Fromotion	
Booth Type:	
List What Type of Product/Service/Organization will be in the booth	
Attendee #1	
Attendee #2 For Registration and Badge Purposes	
Other Vendors Sharing Your Booth:	
If you are sharing this booth space with another vendor, list them here.	
Additional Vendors must pay \$70 Registration Fee and be approved by ICE House Productions	- 41: 1 1
You may list additional vendors on the back of this form. This includes authors who will be selling out of their associations' booths.	z ineir books
Badges for additional vendors will be given to the booth owner for distribution. Additional Vendo	r must be
registered with the convention to receive Merchant/Exhibitor badge.	
Comments: (are there any special circumstances we need to know about?)	
ConEvents, LLC Contract and Acknowledgements:	
(Please Check Each Box and Sign)	
Terms: I acknowledge that I have read the Merchant/Exhibitor Information Page, which inclu	ides

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the Terms and Conditions,	, and agree to abide by and a	ecept it as it is.	
	ne Contact Person, to be resp in the booth of these terms a		for informing all
Sharing: I agree to ob my booth.	otain permission from ICE H	ouse Productions, LLC to	allow another vendor to share
	form ICE House Production of the reached, I risk losing n		my contact information, and y deposit.
	make final payment to ICE I ed and I will forfeit my depo		by December 31st of 2005 or
Signed:			
Dated:			
I'm sending(\$4	400 for 1 booth) by:		
Check Money Order	Cashier's Check	Credit Card:	_
Card Number		Exp	Code
Name on Card			

Please make check, money order, or cashier's check payable to **ICE House Productions, LLC.** If you would like to call in and pay by credit card, you may call ICE HOUSE Productions at 480.236.4314. Please contact **info@IceEscape.com** with any questions.

Thank you for your participation in ICE Escape 2006 Author/Publisher Convention Where Publishing Comes Together!

