



Solana Beach Chamber of Commerce Member Special

Dear Solana Beach Chamber members,

The **Giro di San Diego Bike Fest and Fitness Expo** will be held September 15, 2012 at the Distillery Lot (across from post office) from 8am to 5pm. This location will also be the start/finish area for **The Taste of Solana Beach** restaurant walk.

As a special thank you to the Solana Beach Chamber, we are offering Chamber Members **50% off expo space!**

Regular price for the expo is \$300 --- Chamber Member Price \$150

Please call email or fax your application as soon as possible. Limited space is available!

Sincerely,

Tobias & Carrie Panek

Gran Fondo cycling Tours

858-668-1739

carrie@gftours.com

fax: 310-744-0000

www.GirodiSanDiego.com

www.TasteofSolanaBeach.com



BOOTH EXHIBITION REGISTRATION

Business Name: _____ Industry: _____

Address _____ City/St/Zip: _____

Event Contact: _____ Title: _____

Email: _____ Event Day Phone: _____

Fax: _____ Web site: _____

For Profit- Regular Vendor

☐ 10x10: \$300/event

☐ 10x20: \$500/event

☐ 20x20: \$900/event

Non- Profit Vendor

☐ 10x10: \$150/event

☐ 10x20: \$250/event

☐ 20x20: \$500/event

Additional Expo Needs

☐ Tent 10x10: \$150

☐ Tent 10x20: \$250

☐ Tent 20x20: \$500

TOTAL EXPO COST:

Expo \$ _____

Add Needs \$: _____

Total \$: _____

Other Exhibitor Info:

☐ Selling products:

Yes No

☐ Sample food/beverages:

Yes No

☐ Extra Table: \$10 each

☐ Extra Chair: \$5 each

☐ Electricity: \$50

Booth Space will not be reserved until full payment is received

Each 10x10 space includes 1 table, 2 chairs with booth cost

PAYMENT METHOD

☐ Check Enclosed

☐ Credit Card

Make Payments to:
GranFondo Cycling Tours
13753 Woodgate PL
Poway, CA 92064



Thank you for taking part in the 2012 Giro Di San Diego. Please note that the following information applies to ALL vendors.

All requests for exhibitor space must be accompanied by a credit card number to ensure the space is held. Full payment is required for all vendors who register within two weeks of the event. All events must be prepaid prior to start of event. All booth locations will be determined after receipt of a completed exhibitor application and full payment. Space is available on a first come, first serve basis.

If for any reason you cancel your exhibitor agreement, the following cancellation fees will apply:

Cancellation 2 weeks prior to agreed event(s), a 50% cancellation fee will apply.

Cancellation 1 week prior to agreed event(s), a 75% cancellation fee will apply

Cancellation the day of agreed event (s), 100% cancellation fee will apply

If the event is not paid in full before event start date, the balance will be charged on provided credit card. It's agreed that the hosts of the Giro Di San Diego and any other event affiliate, are not liable for any injuries, or responsible for any lost, stolen or damaged items.

Upon submission of agreement, Giro Di San Diego will provide vendor with all sales and health permit information. It is the vendor's responsibility to acquire such permits, and follow all respective permits rules and regulations.

Vendor has read and agreed to all Rules and Regulations regarding the Giro Di San Diego. Vendor shall maintain, at its own expense during the term of this agreement a standard comprehensive General Liability policy in the face amount of \$1,000,000 each occurrence, with no aggregate, and provide a certificate naming GranFondo Cycling Tours, as certificate holder and additional insured. GranFondo Cycling Tours require full disclosure of each exhibiting client's booth partners. Co-opting or sharing of booth space is strictly prohibited. Exhibitors may partner with one local retailer to assist in staffing or sales of product. All partnerships must be pre-approved by GranFondo Cycling Tours, otherwise client will be charged lost revenue equivalent to booth rate.

By signing below, I acknowledge that I have read, understand, and agree to the Rules and Regulations.

Signature: _____

Date: _____

CREDIT CARDHOLDER INFORMATION			
NAME ON CREDIT CARD			
TYPE OF CREDIT CARD	VISA	MC	
TYPE OF ACCOUNT	PERSONAL	BUSINESS	
COMPANY NAME			

ACCOUNT NUMBER			
EXPIRATION DATE			
BILLING ADDRESS			
CITY	STATE	ZIP CODE	
EMAIL	PHONE	FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD	
NAME	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	
AUTHORIZED AMOUNT	

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. If additional charges are going to be authorized a new form will have to be completed.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	