



**Wednesday, October 24, 2018**

**Location: Jackson EMC, Jefferson, GA  
11:00 am -2:00 pm**

**Registration Form and Marketing Space (Registration Deadline: October 17, 2018)**

I hereby apply and authorize the I85 North Board of REALTORS to reserve exhibit space for the below named company (hereinafter "Exhibitor") in the Affiliate Partner Trade Show, October 24, 2018 to be held at Jackson EMC in Jefferson, GA. I further agree that any cancellation of booth space will result in loss of payment. I understand that the exhibit booth will be uniform in style in an approximate 6' table. Marketing space will be assigned by the Board of REALTORS at its sole discretion based on registration payments received and accepted. The yearly Affiliates and Real Estate Companies of the I85 North Board shall be given preference in the allocation of exhibit space. I85 North Board reserves the right to make and/or to change all booth assignments as it deems appropriate. I further agree my exhibit will comply with all fire and safety rules and regulations adopted by Jackson EMC. In the event that I85 North Board were to be liable for any occurrence that might result from the Exhibitor's action or failure to act, such Exhibitor shall reimburse and indemnify I85 North Board for damages resulting from such liability and the costs incident hereto including attorney's fees and costs of litigation. Exhibitor further agrees that it shall hold harmless and indemnify I85 North Board for any loss, damage, expense, or penalty arising from any action, including an action based upon strict liability or negligence, for personal injury or property damage to exhibitor, its employees, guests or property. **EARLY BOOTH BREAKDOWN IS NOT PERMITTED.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**EXHIBITOR INFORMATION: (Please Print)**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

City / State / Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

**PRODUCTS OR SERVICES:**

To assist in assigning exhibit space and to determine eligibility to exhibit, please indicate products and/or services to be exhibited.

\_\_\_\_\_  
\_\_\_\_\_

**LIST OF NAMES OF REPRESENTATIVE(S) ATTENDING:**

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL NEEDS:**  Electricity  Internet (Wireless)

**BOOTH FEE:** \$50 I85 North Board Members / \$90 Non Members

**PAYMENT METHOD**

Amount: \_\_\_\_\_  Check  Master Card  Visa  Discover  American Express

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration \_\_\_\_\_

Bill Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOOR PRIZES:** List door prizes or give-a-ways that will be a part of your exhibit:

\_\_\_\_\_

**MAIL, EMAIL OR FAX APPLICATION AND PAYMENT TO:**

I85 North Board , 2145 Duluth Highway , Duluth, GA 30097  
(770) 495-7300 / fax: (678) 336-1952  
Email: ron@i85nbor.com

**FOR I85 North Board USE ONLY:**

Date Registration Received: \_\_\_\_\_