

# APPLICATION & CONTRACT FOR EXHIBIT SPACE 2012

Please print or type, return to **OAMP, 6870 Licking Valley Rd., Frazeyburg, OH 43822** with payment in full.

**State convention:  
March 22-24, 2012**

**Please reserve space for our use during the Ohio Association of Meat Processors Convention as requested:**

We understand the cost of space is **\$100.00**

We need **ONE TABLE** in the Booth Space  Yes  NO  
(No additional Charge for ONE TABLE if Ordered before March 1)

**Total Amount Due: \$ 100.00 per booth space**

**Membership dues of \$175.00 and tradeshow charges must paid prior to the convention.**

**We do not accept credit card payment**

We further agree as follows:

- 2) That we may cancel this contract so long as written notice of such cancellation reaches the OAMP office prior to February 20. In the event of cancellation the deposit money paid herewith will not be returned to us, but will be retained by the OAMP as liquidated damages for said cancellation.
- 3) That because of certain arrangements it is necessary for OAMP to make, this contract may not be canceled after January 30 and in the event that subsequent to said date, we change our plans or are unable to occupy said space, we are liable for and agree to pay the OAMP the entire balance due under this contract plus any costs involved in collection.
- 4) That every effort will be made by the OAMP to allot space in accordance with preferences; however, it is understood that the OAMP reserves the right to allocate space in keeping with the proper and equitable management of the Trade Show and that such assignment by OAMP shall be binding on the lessee.
- 5) That a printed listing in the convention program cannot be guaranteed for applications processed after March 1.

**Please Print or Type:** (All Registration Forms & Convention  
( information will be sent to the **Primary Representative** listed below.)

**Firm Name:** \_\_\_\_\_

**Firm Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Primary Representative:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

**1st Choice is Booth** \_\_\_\_\_

**2nd Choice is Booth** \_\_\_\_\_

**3rd Choice is Booth** \_\_\_\_\_

Please print firm name as you would like it on the signage. Invoicing by request only!

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**Electrical Needs:**

Please state what electrical needs you have and I will work with the hotel to have this taken care of. Those requesting electricity should request an outside booth!

Please make sure you fill out the convention registration form as well and return with the Exhibit Booth Contract.