

APPLICATION FOR ARTIST ALLEY EXHIBIT SPACE

1. COMPANY INFORMATION: Please Print

Company Name _____

Display Name (Maximum 20 characters including spaces) _____

Contact Name (Please Print) _____

Address _____

City _____ State/Province _____

ZIP Code/Postal _____ Country _____

Phone _____ Cell _____

Email _____

Website _____

Social Media _____

2. PRODUCTS: We carry products related to

PRIMARY GENRE (Choose one only)

☐ Comics ☐ Sci-fi ☐ Gaming ☐ Horror ☐ Anime ☐ Other

PRODUCTS YOU ARE SELLING (Choose all that apply)

☐ BOOKS - Comics/Graphic Novels/Books

☐ ART - Original Art / Commissions / Prints

☐ CRAFTS - Jewelry/Toys/Figures

☐ Other (please list) _____

3. SPACE RATES 2021

STANDARD

Space consists of one 6' x 5' space, which includes one 6' skirted table, 2 chairs, and 2 exhibitor passes.

CORNER

Space consists of one 6' skirted corner table, 2 chairs, and 2 exhibitor passes.

PREMIUM

Space consists of one 5' x 12' end cap space, which includes two 6' skirted tables, 2 chairs, and 2 exhibitor passes.

Standard Table \$295.00 ea. X _____ = \$ _____

Corner Table \$375.00 ea. X _____ = \$ _____

Premium End Cap \$875.00 ea. X _____ = \$ _____

Total Booth Space Charge \$ _____

Please make checks payable to:

INFORMA POP CULTURE EVENTS INC.

ARTIST ALLEY PAYMENT TERMS:

100% with application.

4. TERMS AND CONDITIONS:

Placement of space(s) is at Show Management's sole and absolute discretion.

I understand that this is only an application and does not guarantee exhibit space until a contract is issued. Once approved, all payments are **non-refundable** and **non-transferable**. We will review your application and a representative will contact you.

I declare that the items on display and/or for sale at my table are my original creations.

Exhibitor's Signature _____

Date _____

Return this completed form by mail to:

FAN EXPO Boston™

APPLICATIONS

Informa Support Services, Inc.

1990 Main St.

Suite 750

Sarasota, FL 34236

Any Questions?

exhibitors@fanexpohq.com

Tel: 416.512.3866 or

416.960.4529

www.fanexpoboston.com

For Office Use Only

Payments	Method	Date	Amount
1.	_____	_____	_____

Booth Size: _____

Assigned Location: _____

FANEXPO
HQ

☐ Confirmed