

## 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.

#### PREMIUM

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

#### FEATURED BOOTH

Space consists of a 10' x 10' pipe & drape booth in a carpeted feature area and includes one 8' skirted table, 2 chairs, and 2 exhibitor passes.

Standard Table ..... \$350.00 ea. X \_\_\_\_\_ = \$ \_\_\_\_\_

Premium End Cap ..... \$820.00 ea. X \_\_\_\_\_ = \$ \_\_\_\_\_

Featured ..... \$1095.00 ea. X \_\_\_\_\_ = \$ \_\_\_\_\_

Total Booth Space Charge ..... \$ \_\_\_\_\_

Please make checks payable to:  
**INFORMA POP CULTURE EVENTS INC.**

**ARTIST ALLEY PAYMENT TERMS:**  
 100% with application submission.

### 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:

**MEGA CON Orlando™**  
**APPLICATIONS**  
 Informa Support Services, Inc.  
 101 Paramount Drive  
 Suite 100  
 Sarasota FL 34232

**Any Questions?**  
 exhibitors@fanexpohq.com  
 Tel: 416.512.3866 or  
 416.960.4529

[www.megaconorlando.com](http://www.megaconorlando.com)

### For Office Use Only

Payments	Method	Date	Amount
1.	_____	_____	_____

Booth Size: \_\_\_\_\_  
 Assigned Location: \_\_\_\_\_

