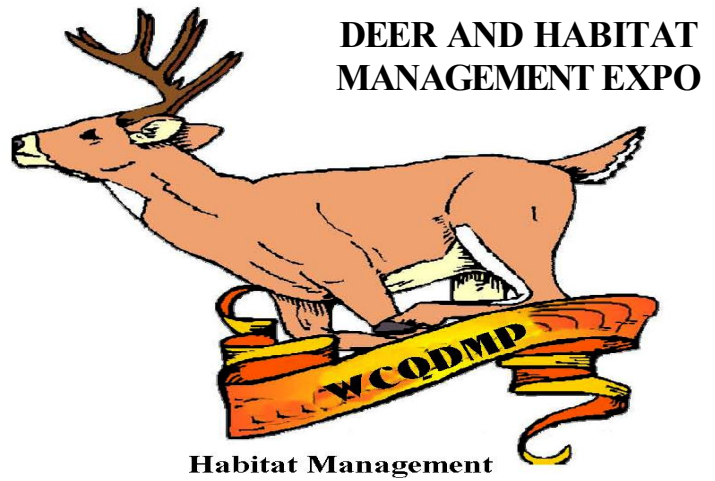


Contract Agreement

For License To Occupy Space 2012 WCQDMP EXPO

Hickory Metro Convention Center
1960 13th Ave, Drive SE
Hickory, NC 28602
February 24, 25, 26, 2012
Fri 10-8, Sat 9-8, Sun 10-6



www.growinbucks.com

Bennie Riddle, President
1086 Langford Branch Rd.
Burnsville, NC 28714
828-284-2109

email: growinbucks@yahoo.com

Clay Carroll, Secretary
876 Pleasant Valley Rd.
Burnsville, NC 28714

**Booth \$300 this includes
2 tables & 2 chairs. Corner Booths
\$375. Bulk Space call for rates. #
of Booths _____**

**If extra chairs, Tables, Table
Covers needed see price below.
This will be per show.**

**Chairs: \$3.00 Each
Table Covers Plastic: \$4.00 Each
Linen: \$7.00 Each
Electrical: \$40.00 for show
Telephone line: \$32.00 for show**

**Setup Thursday Only
February 23th 9:00 am to
8:pm**

Please put special instructions on
back

Exhibitor: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Payment: Please mail payment in full along with a completed registration form to Clay Carroll at above address. Please make checks or money orders payable to WCQDMP, Inc. If you are paying by credit card, please provide info below. All payments and registrations must be finalized by Jan.24, 2011. **All Payments are NON-REFUNDABLE. Extra tables, chairs and electrical are additional charge.**

CARD TYPE _____

Card # _____ Pin#(3digit) _____

EXP. DATE: _____

Name on Card _____

Billing address for card including zip: _____

Once we receive your contract we will send you an email. Booth numbers will be assigned and invoices mailed 30 days prior to show date.

I, authorized representative for the **EXHIBITOR**, agree to the above terms and conditions as well as those conditions set forth in the "GENERAL INFORMATION" sheet. I agree that a contracted agreement transmitted by fax is as valid as an original document and enforceable there as.

Exhibitor

Signature _____ DATE _____

EXPO REP. SIGNATURE _____

DATE _____