

All Assigned booth space will only be hold for a five days from the date, till received the deposit & signed agreement

Exhibitor: _____

(Firm's Name)

INDIVIDUAL
SIGNING FOR
EXHIBITOR: _____
Name, Last name and Title - Please type or print

BY: _____
(Authorized Signature and Title)

Corporate seal or witness as to exhibitor (above)

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: **77036** COUNTRY: **USA** DATE: _____

PHONE: _____ FAX: _____ e-mail: _____

TOTAL BOOTH SPACE REQUIRED: _____

Do not write in this area - "HS/ SE" office use only

**Hidden Society Caribbean Galleria
Puerto Rico**

President: _____

(Authorized Signature and Title)

DATE: _____ Booth # _____

Price: \$ _____ Deposit: \$ _____ Check# _____

Comments: _____

PLEASE NOTE: RETURNS BOTH COPIES OF AGREEMENT TO HIDDEN SOCIETY CARIBBEAN GALLERIA, PRIOR TO DEADLINE, WITH YOUR SIGNATURE ON THEM AND PAYMENT OF REQUIRED \$1500. DEPOSIT PER BOOTH. YOUR COPY OF THE AGREEMENT WILL BE RETURNED TO YOU AS YOUR BOOTH LOCATION CONFIRMATION.