



Booth Application

Vendor: _____
 Contact: _____
 Address: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Booth

	Total # of Booths:	Cost Per Space	Total
10' x 10'	_____	\$150	\$ _____
10' x 20'	_____	\$250	\$ _____
10' x 30'	_____	\$350	\$ _____

Ancillary Equipment & Services

	Quantity	Cost Per Line	Total
Telephone Lines Analog only	_____	\$ 50.00	\$ _____
Power (bring extension cords)	_____	\$ 25.00	\$ _____

Total Amount Due _____

Make checks payable to the Idaho Center and return payment along with this registration form to:

16114 Idaho Center Blvd., Ste. 2, Nampa, Idaho 83687

Attn: Sally Tondur

OR

Pay by credit card. Fax information to (208) 442-3336

Type of Credit Card: VISA/MasterCard (circle one)

Credit Card Number: _____ Exp. Date: _____ CCI: _____

Terms & Conditions - This contract contains all the terms and conditions agreed on by the parties hereto and no other agreement, oral or otherwise regarding the subject matter of this contract shall be deemed to exist or to bind any of the parties hereto.

Authorized Signature: _____ Date: _____