



Please PRINT all information, sign & return with payment no less than 50% of total

BROKER APPLICATION AND CONTRACT

42ND ANNUAL CONVENTION & BUYING EXPO

JULY 20-22, 2018

TIER 3

With the understanding that we are to comply with ALL RULES AND REGULATIONS contained in the Exhibit Brochure and as may be issued in official bulletins, we hereby apply for the following spaces at the rental prices specified on the contract. *For contract clarification the use of the word space(s) will refer to Booth/Tabletop Exhibit Space.*

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE PRODUCTS & BRAND NAMES THAT YOU WILL DISPLAY AND PROMOTE:

Broker Block/Island:

IT IS IMPORTANT that you indicate the number of tabletops you wish to reserve for the show. Upon receipt of the signed contract and availability of your location request we will confirm your location. NO PHONE RESERVATIONS WILL BE ACCEPTED.

Total # Tabletops Requested: _____

We AGREE to accept the space(s) assigned, submit our Broker Application and Contract and *pay full cost of space(s) as required by 3-1.*
PAYMENT POLICY: 1. All accounts **MUST** be paid in full by March 1, after March 1, 10% **will be added** to all principles under Option A, and all Brokers under Option B.
2. Space(s) not paid in full by March 1, are subject to loss of deposit and cancellation of contract without refund. Space(s) will then be re-sold. Applicable to both Options A & B.
3. *If you opt to Cancel/Downsize/Reduce space(s), the following Dates and Fees apply: Before March 1, 25% of the total space(s) price; After March 1, 100% of total space(s) fee. Applicable to both Options A & B.

Broker Name(s): **Stevita Co., Inc.**

Exhibiting as(limit: 26 characters including spaces and punctuation): **Stevita Naturals**

PRINT name as it should appear on Booth/Tabletop Sign and in Show Directory.

PRINT information as it should appear on Badges and in Show Directory.

Address: 7650 US Hwy 287

Toll Free: 800-337-5561

City: Arlington

State: TX

Zip: 76001

Phone: 817-483-0044

Fax: (f) 817-478-8891

Website: www.stevitastevia.com

Email: tanya@stevitastevia.com

Show Contact Name: Tanya Kirkland

Phone: 817-483-0044

Email: tanya@stevitastevia.com

MAHO Membership \$200.00 *You MUST be a 2018 MAHO Member to exhibit at this show.

Tabletop Space (3'x8') \$800.00 **One (1) Company/Table=\$800, Two (2) Companies/Table=\$850**
Space is limited to Two (2) Companies/Table

Please make all checks payable to: **MAHO** (50% due with signed contract) Amount: _____ Check# _____
CC# payment authorization (50% due w/signed contract) Amt: _____ Visa MasterCard Discover AMEX

Please indicate amount to be charged. If amount is not indicated at time of application, full amount due will be charged.

Acct.#: _____ Exp. Date: _____ CVS: _____

Credit Card Billing Address: _____ Zip: _____

Authorized Signature: _____ Print Name: _____

Please complete the contract, sign, date and mail with payment/payment information to:
MAHO • 7219 Sawmill Rd., Ste., 105-A • Dublin, Ohio 43016 • Attn: Show Manager

Accepted applicants will be notified with an Exhibitor Confirmation/Invoice, specifying the space allotted. When this application is accepted by Management, it becomes a working contract between the company (exhibitor) and MAHO (management).
Signature below acknowledges Rules & Regulations and is required as part of this contract.

I have read and understand the terms stated herein.

Name: _____ Date: _____



BROKER LETTER OF AUTHORIZATION

Stevita Co., Inc. _____ is contracting with MAHO for the following block of booths for the 2018 MAHO EXPO.

PLEASE LIST THE PRINCIPLES THAT YOU WILL REPRESENT AT THE SHOW:

BROKER FEES: charged in addition to the MAHO contract amount.

| | | | | | | |
|----|--|--------------------------|------------|--------------------------|------------|--|
| 1. | | <input type="checkbox"/> | FULL TABLE | <input type="checkbox"/> | HALF TABLE | |
| 2. | | <input type="checkbox"/> | FULL TABLE | <input type="checkbox"/> | HALF TABLE | |
| 3. | | <input type="checkbox"/> | FULL TABLE | <input type="checkbox"/> | HALF TABLE | |
| 4. | | <input type="checkbox"/> | FULL TABLE | <input type="checkbox"/> | HALF TABLE | |
| 5. | | <input type="checkbox"/> | FULL TABLE | <input type="checkbox"/> | HALF TABLE | |
| 6. | | <input type="checkbox"/> | FULL TABLE | <input type="checkbox"/> | HALF TABLE | |
| 7. | | <input type="checkbox"/> | FULL TABLE | <input type="checkbox"/> | HALF TABLE | |
| 8. | | <input type="checkbox"/> | FULL TABLE | <input type="checkbox"/> | HALF TABLE | |

*2018 prices are noted on the contract and apply to all brokers and broker principles unless the broker has confirmed space through the Exhibitor Loyalty Sales Program. (Firm dates will be adhered to by management.)

BROKER OPTIONS

OPTION A: (PLEASE INITIAL HERE) _____

As a representative for my principles I am authorizing MAHO to invoice each of my companies directly, based on the information above. I will provide complete contact information for each of my principle companies. I will notify each principle about the financial commitment due with their completed contract including booth fees and current supply dues, as membership in MAHO is a requirement for exhibiting. I will partner with MAHO to secure any unpaid balances.

OPTION B: (PLEASE INITIAL HERE) _____

As an MAHO Exhibitor, I will pay in full for the contracted space on behalf of all of my principles. I am responsible for all expenses associated with my contracted space allotment including all booth fees and current supply dues. I further understand that I am responsible for submitting completed contact information by the designated deadline date, as it is to appear in the show directory, for all companies in my block.

Contact Info: Please match info to company name above

| | <u>Contact Name:</u> | | <u>Phone:</u> | | <u>Email:</u> |
|----|----------------------|--|---------------|--|---------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |