



APPLICATION AND CONTRACT

49TH ANNUAL CONVENTION & MAHO EXPO

JULY 25-27, 2025 (TWO-DAY SHOW: SATURDAY + SUNDAY, JULY 26 + 27, 2025)

Exhibitors are to comply with ALL RULES AND REGULATIONS contained in any Exhibit Information and as may be issued in official bulletins. Application for the following spaces are at the rental prices specified in the contract. **For contract clarification the use of the word space(s) will refer to Booth/Tabletop Exhibit Space.**

IT IS IMPORTANT to designate your first (1) through fourth (4) choice of location in order of preference, this will assist us in assigning an alternate space as close to one of your choices as possible in the event your first choice has been assigned. Applications will be considered based on their arrival at the MAHO Office. Phone/Fax reservations will be accepted with immediate credit card payment, in full, and signed contract.

BOOTH/TABLETOP CHOICES: 1st _____ 2nd _____ 3rd _____ 4th _____

Total # Booths Requested: _____ Total # Tabletops Requested: _____

We AGREE to accept the space(s) assigned, submit our Exhibit Application and Contract and **pay full cost of space(s) as required by 2-1-2025.**

1. All accounts **MUST** be paid in full by February 1, 2025. 10% **will be added** to any space(s) not paid in full by 2-1-25.
2. Space(s) not paid in full by Feb. 1, are subject to loss of deposit and cancellation of contract without refund. Space(s) will then be re-sold.
3. *If you opt to Cancel/Downsize/Reduce space(s), the following Dates and Fees apply: Before 2-1-25, 25% of the total space(s) price; After February 1, 2025, 100% of total space(s) fee.

Company Name(s): _____	
Exhibiting as (limit: 26 characters including spaces and punctuation): _____	
PRINT name as it should appear on Booth/Tabletop Sign and in Show Directory.	
PRINT ALL information as it should appear on Badges and in Show Directory.	
Address: _____ Toll Free: _____	
City: _____	State: _____ Zip: _____ Phone: _____ Fax: _____
Website: _____ Email: _____	
Trade Show Coordinator/Contact Name: _____	
Phone: _____ Email: _____	

- ☐ MAHO Annual Membership \$200 *You **MUST** be a 2025 MAHO Member to exhibit at this show.
- ☐ Premium Booth Space (8'x10') \$1,700
- ☐ Tabletop Space (3'x8') \$900 **Two (2) Companies/Table = \$100 additional up-charge to price.**

Total Amount Due: _____ All payments require a minimum 50% of total amount due w/signed contract.

Please make all checks payable to: **MAHO (Mid American Health Organization)** Amount: _____ Check# _____

CC# payment authorization Amount: _____ ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Please indicate amount to be charged. If no amount is indicated at time of application, full amount due will be charged.

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

Credit Card Billing Address: _____ Zip: _____

Authorized Signature: _____ Print Name: _____

February 1, 2025 is the deadline for final payment. Any balance due will be charged to the card on file.

I have read and understand the terms stated herein.

Name: _____ Date: _____

Please sign, date, return with payment in full to: **MAHO • 7219 Sawmill Rd., Ste., 105-A • Dublin, Ohio 43016**

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). A signature acknowledges Rules & Regulations and is required as part of this contract.

Office Use Only

Date:	CK/CC#:	Au:	Amount:	Code:	Bal. Due
				<input type="checkbox"/> BF <input type="checkbox"/> RB <input type="checkbox"/> DA <input type="checkbox"/> AL	
				<input type="checkbox"/> SD <input type="checkbox"/> CS <input type="checkbox"/> TS <input type="checkbox"/> PR	
				<input type="checkbox"/> BF <input type="checkbox"/> RB <input type="checkbox"/> DA <input type="checkbox"/> AL	
				<input type="checkbox"/> SD <input type="checkbox"/> CS <input type="checkbox"/> TS <input type="checkbox"/> PR	
				<input type="checkbox"/> BF <input type="checkbox"/> RB <input type="checkbox"/> DA <input type="checkbox"/> AL	
				<input type="checkbox"/> SD <input type="checkbox"/> CS <input type="checkbox"/> TS <input type="checkbox"/> PR	

BF/Booth Fees SD/Supply Dues RB/Retail Bag CS/Cash Spons. DA/Directory Advertising TS/Travel Spons. AL/Add. Sign Location PR/Pres. Roundtable Speaker