

Association of Aquatic Professionals 2018 Exhibit Hall

Tuesday, February 6 – Wednesday, February 7, 2018

TradeWinds Island Resort, St Pete Beach, FL

Exhibitor Agreement Form



Association of Aquatic Professionals

Company Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Contact: _____ Phone: _____

E-Mail: _____ Web Site: _____

Booth Information: (Booths will be sold on a first come, first served basis. See floor plan on previous page for specific selection details. Go to www.aquaticpros.org to determine booth availability. Electrical service ordered separately from Gulfcoast)

of Booths requested: _____ Booth Location Choices: 1: _____ 2: _____ 3: _____ 4: _____ 5: _____

BOOTH FEES: (Registration deadlines and fees are non-negotiable. Total fee must be paid at time of registration.)

Special Horizon Room Exhibitor Rates: (Booths located in the Horizon Rooms 8 x 10 booths across from the Pavilion – ½ of attendees will be required to obtain their Tuesday dinner and Wednesday lunch from the Horizon Room)

Corporate Member Rates*: _____

1st Booth: \$500

Total: \$ _____

Non- Member Rates: _____

1st Booth: \$650

Total: \$ _____

(*A valid AOAP Commercial Membership (3/15/17 – 3/15/18) required to qualify for Member rates. Join today at www.aquaticpros.org)

Names of the 1 representative attending: (If not known leave blank and we will contact you)

1. _____
TUES Exhibit Hall Grand Opening _____ WED lunch in Exhibit Hall _____ WED Dinner/Social _____

Additional representative (\$150.00/person up to 2 extra employees)

2. _____
TUES Exhibit Hall Grand Opening _____ WED lunch in Exhibit Hall _____ WED Dinner/Social _____

3. _____
TUES Exhibit Hall Grand Opening _____ WED lunch in Exhibit Hall _____ WED Dinner/Social _____

Total Membership Due (\$110) = _____

Total Booth Fee Due = _____

Total Extra Vendor Fee Due = _____

(* \$150 per extra representative for up to 2 additional representatives)

Total Due to AOAP = _____

Payment Method:

CC# _____

Exp: ____/____

Name on Card: _____

Checks Payable to AOAP:

Check Number: _____

Visa, MC, and Discover accepted

As an exhibitor I hereby indemnify and hold harmless the AOAP against all liability for personal injury and property damages or loss.

Exhibitor representative signature: _____

Send completed form and check to:

AOAP, Juliene Hefter

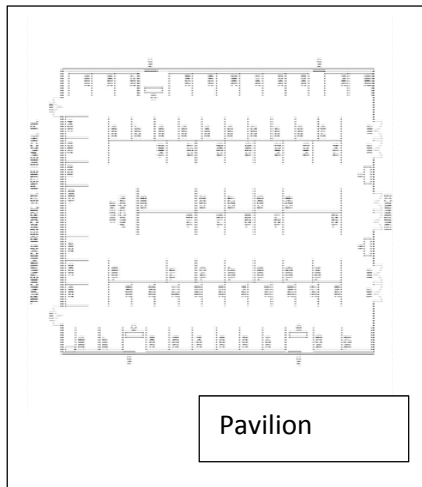
705 Village Green Way Unit 402, West Bend, WI 53090

For Office Use Only: Payment method:

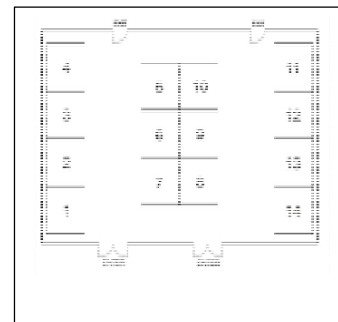
Check #: _____

Amount Paid _____

Date Received _____



Pavilion



Horizons