



1. COMPLETE COMPANY/CONTACT INFORMATION:

Company / Organization name: \_\_\_\_\_
( Exactly, as it should appear in all promotional materials )
Address: \_\_\_\_\_
City, State, Zip Code: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
Primary Company Contact: \_\_\_\_\_
( Exhibitor Service Manual will be sent to primary contact )
Contact's Title: \_\_\_\_\_
Contact's E-Mail Address: \_\_\_\_\_
( Online Exhibitor News Letter will be sent to this address )
Address: \_\_\_\_\_
( if different from Company address )
City, State, Zip Code: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. BOOTH SELECTION

Exhibits Rental Fees

- \_\_\_ \$20,000 - PLATINUM (16'/18'x12')
\_\_\_ \$10,000 - GOLD (20'x10')
\_\_\_ \$ 5,000 - HOT SPOTS (14'x10')
\_\_\_ \$ 3,000 - SILVER (10'x10'):
\_\_\_ \$ 1,000 - EXHIBITOR (8'/10'x8'/10')

We request the following booth location: (write in booth number from plan)
1. ( \_\_\_\_\_ )
2. ( \_\_\_\_\_ )
3. ( \_\_\_\_\_ )
4. ( \_\_\_\_\_ )

Check the FDLS web site http://www.laFeriaDeLaSalud.com for up-to-date booth availability after \_\_\_\_\_ or to apply on line.

It is understood that if FDLS is unable to assign any of the choices listed it may assign any similar space in another location. In any case the applicant will bound to pay for this space upon acceptance of the application for FDLS.

The follow ing products will exhibited:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We request that our space NOT be in the immediate proximity of the following companies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. FINALIZE DETAILS

- Number of boots booths \_\_\_ x \$ \_\_\_\_\_ (unit price)
- Number of boots booths \_\_\_ x \$ \_\_\_\_\_ (unit price)
- Number of boots booths \_\_\_ x \$ \_\_\_\_\_ (unit price)
- Number of boots booths \_\_\_ x \$ \_\_\_\_\_ (unit price)
-Total cost of booths = \$ \_\_\_\_\_
-Total cost of booths = \$ \_\_\_\_\_
( minimum 50% )
-Total cost of booths = \$ \_\_\_\_\_
( balance date: \_\_\_\_\_ )

A minimum deposit of 50% of the total space must accompany this application. Please, complete, sign and return this application along with deposit check made payable to the FDLS in US dollars or by VISA, MASTERCARD or American Express.

\_\_\_ Check \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ American Express

Card's Holder Name (printed): \_\_\_\_\_
Credit Card Number: \_\_\_\_\_
Expiration Date (must be valid to: \_\_\_\_\_ ) : \_\_\_\_\_
Today's date: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Submission of this form serves as application for Exhibit Space to display merchandise and services at the annual Howard Johnson - Plaza Hotel at Miami Airport. The undersigned will remit payment in full at the rates set forth below for space.

4. SEND THE FORM

If mailing, please send the form with payment to:

FERIA DE LA SALUD Inc.
240 Est 1st Avenue, Suite 223
HIALEAH FL, 33010
Phone: 305-888-5343 | 1-800-618-7028
Fax: 300-8888-5343
E-Mail: sales@laFeriaDeLaSalud.com
Reserve Exhibits Space Not OnLine
http://www.laFeriaDeLaSalud.com
info@laFeriaDeLaSalud.com

5. REVIEW OF THE AGREETMEN

According to the FDLS rules & regulations ineligible exhibits include, but are not limited to: those exhibiting illegal service or activities, those not appropriate for a family venue, those exposing action of values opposed to those of the FDLS, and those that are harassing, discriminatory, or violate FDLS Code of Ethic.

I have read and understood and agree to abide this and the entire set of Official rules, regulations and policies may impact upon or ability to exhibit in this and futures FDLS conventions. I sign this application on behalf of the organization exhibit.

Signature of Company Representative:

X \_\_\_\_\_