

HBA Use Only

Deposit Paid _____ Paid in Full _____ Booth # _____
Certificate of Liability Rec'd _____

**Home Builders Assn. of Greater Terre Haute, Inc.
2021 HOME & OUTDOOR LIVING EXPO BOOTH REGISTRATION**

(Call us regarding Not-for-Profit Organizations.)

I/we hereby apply for exhibitor space in the 2021 Home Expo to be held at

Vigo County Fairgrounds, Terre Haute, IN on **June 26th & 27th, 2021.**

Booth rates can be found on page 3 of the Exhibitor Guidelines Pamphlet.

A deposit of half of your booth space must be received with this registration form to reserve a booth space.

Exhibitor _____

Address _____ Zip code _____

Phone Number _____ Cell phone (required) _____

Email (required) _____

Of Booth(s) _____ Member HBA of G.Terre Haute _____ Non Member _____

Booth Choice Options: Retain booth from 2020 Home Expo _____ OR Move _____

_____ I have read and agree to follow the below Exhibitor Guidelines, as well as, the Exhibitor Guideline Brochure.

_____ I agree to provide a Certificate of Liability listing the HBA as an additional insurer.

_____ I agree to not sublet any part of my booth to another business to promote their product/service including but not limited to business cards or brochures.

_____ I agree that my booth will not have side walls that are taller than 3 feet.

_____ I agree to not tear down **before** 3 PM on **Sunday, June 27th, 2021.**

_____ I agree that someone will be at the Exhibitor Building between 3:00-5:00 PM on **Sunday, June 27th, 2021** and/or **Monday, June 28th, 2021** between 8:00am – 12:00 noon to tear down and remove my display.

Initial beside each guideline signifying that failure to comply may result in forfeiting the right to retain your booth space next year.

How did you hear about our Home Expo:

TV _____ Radio _____ Website _____ Facebook _____ Newspaper _____ Other _____

I, _____, the exhibitor, hereby certify that I have read and understand the terms of the Registration. This is not a contract until payment is received and registration is signed by an HBA representative.

Authorized Signature

Title

Date

Printed Name of Authorized Signature

HBA Representative Signature

Date Received

Amount Received

Balance

Credit Card payments are accepted

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