

Luxury Pet Pavilion LA 2010 Exhibitor Space Application Contract

Westin Bonaventure Hotel • March 12-13, 2010 • Los Angeles, CA

Company Name: _____ X
 (THIS IS THE NAME WHICH WILL BE LISTED IN ADS, SHOW PROGRAM, AND BOOTH SIGN) (Signature Accepting Terms of Contract)

Mailing Address: _____ Country: _____

City _____ State _____ Zip _____

Company Email For Show Program _____ Web: www. _____

Primary Contact: _____ Title _____ Direct E-Mail _____

Phone: _____ Ext _____ Cell Phone: _____ Fax: _____

Luxury Pet Pavilion (“Pawliquely Yours”) has entered into an agreement with the Westin Bonaventure for our March show, located at the Westin Bonaventure, Pasadena Exhibit Hall, 404 South Figueroa Street, Los Angeles CA 90071 (“Space”) for **Luxury Pet Pavilion** (the “Show”) from March 11, 2010 through March 13, 2010. March 11th is Set-Up Day, March 12-13 being Show Dates.

Pawliquely Yours and Exhibitor “Company” hereby agrees to enter into this Space Application Subcontract (“Application”) to reserve booth space (“Exhibitor Space”) within the Space for the Company as outlined herein, subject to the terms and conditions, attached hereto and incorporated herein as Exhibit A to this Application.

Print name _____ Print Title: _____ Your signature _____ Date _____

Exhibitor Space shall be assigned in accordance with availability. No booth will be assigned or held without 50% total costs payment.

Company must sign and return the Application and send to Pawliquely Yours along with a minimum of fifty percent (50%) of the total fee to reserve an Exhibitor Space. **The remaining balance of Fees must be paid in full no later than October 1, 2009.** Failure to complete payment of the Fee by **October 1, 2009 or withdrawing from Exhibitor Space anytime after Initial payment is made** will result in the loss of the payment and loss of Company’s Exhibitor Space reservation. Said forfeited payment shall constitute liquidated damages, and is considered reasonable by the parties to this Application and is not a penalty. If Company withdraws from Exhibitor Space or No-Show occurs after October 1, 2009, Company will forfeit 100% of fees paid. Said forfeited Fees shall constitute liquidated damages, and is considered reasonable by the parties to this Application and is not a penalty. No Exhibitor Space shall be assigned orally via telephone. Any Exhibitor Space that may be available after October 1, 2009, **must be paid in full.**

Exhibit Fees: Booth Includes: ID Sign, 8’ high draped backwall and 3’ side curtains. **Tabletops ONLY Includes:** ID Sign, 8’ high draped backwall, 8’ draped table, two chairs & waste basket. Showroom Floor is fully carpeted. **Pricing: 10’ x 10’ space = \$2,300, 8’ x 8’ space = \$1,892, 6’ x 8’ space = 1,392 and 8’ Draped Tabletop = \$992** *All Corner Booths or End Booths Add \$200 to each 10 x 10 or 8 x 8 space.

Indicate your six (6) booth location preferences 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

Indicate total number of Exhibitor Spaces required _____ Fee to be paid for the Exhibitor Space totals \$ _____
 Products your company manufactures _____

Submission of this Application is also made subject to the rules outlined in the Exhibitor Prospectus provided by Luxury Pet Pavilion, attached hereto and incorporated herein as Exhibit B (“Rules”).

Payment type: Cashier’s check Visa MasterCard American Express.

I authorize Pawliquely Yours to charge my credit card for payment indicated below.

Total payment _____ Credit card # _____ exp. Date _____

I hereby authorize Luxury Pet Pavilion (Pawliquely Yours) to charge this same card on October 1, 2009 for balance due.

Billing address, cardholder _____
 Name on card _____ Authorized sig. _____

Enclosed is a cashier’s check in the amount _____ make checks payable to Pawliquely Yours, LLC. No space will be assigned if Company has not (a) Submitted the Fee and (b) Signed this Application. **Mail to:** Pawliquely Yours, LLC at 52 S. Blackwater Lane, Key Largo, FL 33037, **Fax to 954-302-1054** or **send via pdf to** info@luxurypetpavilion.com.

Office use only. Space Assignment _____ Amt. Rec’d _____ Payment type _____ Date rec’d _____