

OCTOBER 18-20, 2019

NRG PARK HOUSTON, TX
Questions? Sales@CAConventions.com



EXHIBITOR AND ARTIST REGISTRATION

COMPANY/ARTIST INFORMATION (PLEASE PRINT)

DISPLAY NAME: (25 characters including spaces maximum)

BUSINESS NAME: _____

CONTACT NAME: _____ PHONE: (____) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ WEBSITE: _____

RETAIL REGISTRATION and PRICING

Retail 10x10 booth: \$745 until 6/01
Corner Position \$150 until 6/01
Premier placement \$200 until 6/01

- \$100 nonrefundable deposit is required to hold a space.
- Balance due before Booth Placement and no later than 9/15
- 10% Discount if paid in full by April 1
- Includes 1 unskirted 8' table, 2 chairs, 2 event passes.

If Registering Through 6/01:

Retail Booth Quantity: _____ x \$745 = _____
Corner Position: _____ x \$150 = _____
Premier Placement: _____ x \$200 = _____
Extra Wristbands: _____ x \$37.50 = _____

TOTAL DUE (full payment due by 9/15): = _____

If Registering After 6/01:

Retail Booth Quantity: _____ x \$850 = _____
Corner Position: _____ x \$200 = _____
Premier Placement: _____ x \$200 = _____
Extra Wristbands: _____ x \$37.50 = _____

TOTAL DUE (full payment due by 9/15): = _____

AMOUNT ENCLOSED: _____

ARTIST REGISTRATION and PRICING

Artist 6-foot table: \$295 until 6/01
Corner Position \$100 until 6/01

- Full payment is due with registration form.
- Includes unskirted 6' table; 2 chairs; 2 event passes.

If Registering Through 6/01:

Artist Table Quantity: _____ x \$295 = _____
Corner Position: _____ x \$100 = _____
Extra Wristbands: _____ x \$37.50 = _____

TOTAL DUE: = _____

AMOUNT ENCLOSED: = _____

If Registering After 6/01:

Artist Table Quantity: _____ x \$350 = _____
Corner Position: _____ x \$150 = _____
Extra Wristbands: _____ x \$37.50 = _____

TOTAL DUE: = _____

AMOUNT ENCLOSED: = _____

MAIL PAYMENTS TO:

CA Conventions
322 Manhattan Avenue
Hermosa Beach, CA 90254

CREDIT CARD PAYMENT INFORMATION

Name on Card: _____ Amount to Charge: \$ _____

Credit Card Number: _____ Exp. Date: ____/____ CVV Code: _____

Billing Address for Card: _____ Zip Code: _____

PRODUCT CATEGORY:

__COMICS __BOOKS __APPAREL __ORIGINAL ART __COLLECTIBLES __OTHER _____ FAMILY FRIENDLY: __YES __NO

I understand that booth/table placement is solely dependent on availability and is at the discretion of CA Conventions. I understand that deposits and payments are nonrefundable and that extra wristbands may not be sold to others. If paying by credit card, my signature below authorizes CA Conventions to charge my card as indicated above.

Signature: _____ Date: _____

OFFICE USE ONLY Date form received: _____ Amount included: _____ Confirmation Sent On: _____
Payment 2 date: _____ Amount _____ Payment 3 date: _____ Amount _____ Booth/table #: _____