

EXHIBIT CONTRACT FOR NON-MEMBERS

Please complete this form and it send to: <u>anieves@camarapr.net</u> 787-721-6060 | www.camarapr.org

Contact Information:

Date:	
Name:	
Company:	
Company: Postal Address:	
Phone Number:	Fax:
Email:	

Exhibit Cost

\$3,000 for 1 space

\$6,000 for 2 spaces

Important:

- Exhibit measurements for I space: 10 foot wide x 10 feet deep x 8 ft high
- Includes 110 120 electrical connection volts or 5 amps
- The EXHIBITOR is responsible for assuming costs involved in electricity connection expenses greater than 5 amps.
- Exhibit hours: Tuesday and Wednesday May 7th & 8th from 8:30am to 5:00pm
- Booth assembly: To be determined
- Booth disassembly: To be determined

Payment Form:

Credit Card:	Mastercard] Visa	American Express		
Credit Card number:								
Expiration date:	#Security:					Total:	\$	
Name on credit card:					Signature:			
Other payment method:	Check			Money Order (MO)		0)	🗌 Cash	
# Check or Money Order		Т	otal:	\$		Date:		

Check or Money Order to: Camara de Comercio de Puerto Rico

