



2010 Air Force Cycling Classic

Friday/Saturday/Sunday, June 11/12/13, 2010
Arlington, VA

NATIONAL MANUFACTURER EXHIBITOR APPLICATION

(all fields required)		
Company/Individual Name:		
Contact Name/Title:		
Address:		
City:	State:	Zip:
Phone: /	Fax: /	Email:
Event Contact (if different from above):		Email:

All 10x10 booth spaces include: one 8' table and two chairs.

Please check booth needs in the spaces provided below:

		Total:
🍏 Full Weekend (Friday/Saturday/Sunday)	10x10 ___ \$550	\$ _____
🍏	10x20 ___ \$800	\$ _____
🍏 Weekend Only (Saturday/Sunday)	10x10 ___ \$450	\$ _____
🍏	10x20 ___ \$700	\$ _____
🍏 Single Day Only (Saturday or Sunday)	10x10 ___ \$250	\$ _____
🍏	10x20 ___ \$450	\$ _____
🍏 Additional Items ___ \$15/Table/day ___ \$5/Chair/day ___		\$ _____
Total Due = \$		_____

All requests for exhibitor space must be accompanied by a credit card number to ensure the space is held. Full payment is required for all vendors who register within two weeks of the event. All events must be prepaid prior to start of event. All booth locations will be determined after receipt of a completed exhibitor application. **Space is available on a first come, first serve basis.** If you cancel within four weeks prior to the event, you will receive a 50% refund. Cancellations within two weeks of the event will receive a 25% refund. Cancellations within one week of the event will not receive a refund. If event is not paid in full before event start date, the balance will be charged on provided credit card is agreed that the hosts of the Air Force Cycling Classic, Arlington Sports, inc, and event venue, are not liable for any injuries, or responsible for any lost, stolen or damaged items at the Air Force Cycling Classic. Arlington Sports requires full disclosure of each exhibiting client's booth partners. Co-oping or sharing of booth space is strictly prohibited. Manufacturers may partner with one local retailer to assist in staffing or sales of product. All partnerships must be pre-approved by Arlington Sports, otherwise client will be charged lost revenue equivalent to booth rate.

Signature: _____

Date: _____

For mail-in, mail completed form and check to:

Arlington Sports
4031 24th RD N
Arlington, VA 22207

For Office Use Only
Accepted by/Date:
Total Amount Due: \$
Total Amount Paid/Date/Check #: \$ / /
Booth Type/Size/Location:

Please return application by fax to confirm space: 703-351-0935

Faxed applications will be confirmed via phone or email and additional event information will be e-mailed or faxed to you. If you have any questions, please call **Arlington Sports at 703-351-7200**

