Vater.

August 26 & 27, 2020

Number

PARTICIPATION AGREEMENT

Water	This Box is for your info in the Expo Guide & Online - Please print clearly	
	COMPANY/EXHIBITOR:	
expo	Address:	
	City: State: Zip:	Country:
August 26 & 27, 2020 Miami Airport Convention Center	Phone: () www:	
Please complete, sign & return this Agreement to show organizers By FAX to (305) 412-3247 or	Main BRANDS : 1)	3)
	INDUSTRIES: ☐WasteWater ☐Sewer ☐ Environ-Svcs. ☐Porta	able Sanitation □Pressure □Quality
	MARKETS: ☐ USA ☐ FL ☐ South FL ☐ Caribbean ☐ Central America ☐ South America	
mail@TheWaterExpo.com	Your description for the Guide (limit to 20 words)	
All requests will be assigned on a first-come, first-served basis.		
Make your check payable to		
THE WATER EXPO and mail it to 8900 SW 107 Ave., Ste. 313 Miami, FL 33176	CONTACT 1(Name):	
	Phone: () Cellular: ()	
	Email:	
To pay by credit card use the box at the bottom. To pay by wire transfers or ACH ask for instructions.	Address:	
	City: State:	Zip:
	CONTACT 2:	Title:
Agreement will be considered valid when signed by Show Management	Phone: () Cellular: (_)
	Email:	
MAK	E YOUR SELECTION	COST
1) Sponsor Package: DIAM+ DIAI	M PLAT GOLD SILV+ SILVBRO	1) Package \$
2) Booth size:' X'	Choices: a) # b) # c) #	2) Booth \$
	es open) \$175 (3-sides open) \$250 (Island booth)	3) Booth type \$
4) Add area. Flootwish w Of400 (vs. to 200 as ft)		
4) Add-ons: Electricity: ()\$180 (up to 300 sq. π.) ()\$250 (400 sq. π. and up) (4) Add-ons \$		
5) Exclusive Sponsorships: Guide AD (size): 5) Exclus./Ads \$		
N. 4		TOTAL \$
Note:	' draped table, 2 chairs, 1 wastebasket, ID sign, listings in Guide and staff	101AL \$
	v insurance is mandatory. Refer to your confirmation email for details.	Approved by Show Management
Exhibitor / Sponsor Signature	Expo Account Executive Date	
	contracting services described above, I have read and understood the content of this s & Conditions, and agree to abide by them. Fax, email and image transmission of this dered for all purposes as originals.	
PLEASE CHARGE MY CREDIT CA	ARD VISA MC AM	MEX DISC
Number	Cardholder	

_____City ______ State _____ Zip_____ Billing Address