



HOME SHOW

Saturday, March 20
Sunday, March 21
2021
Registration

Company Name: _____

(Please Type or Print - This is how your booth will be listed in all printed material and advertising)

Contact Name: _____ Contact Phone : (____) _____ - _____

(If someone else will be staffing your booth, please provide their contact information, including cell phone number.)

Mailing Address: _____

City, State, ZIP Code: _____

E-Mail: _____

Type of Business: _____

Signature: _____ Date: _____

I have read and agree to adhere to the Home Show Rules and Regulations

BOOTH LEVELS	\$1750 Titanium	\$1300 Platinum	\$855 Gold	\$475 Silver	Not Needed
Booth Spaces	4 (10x40)	3 (10x30)	2 (10x20)	1 (10x10)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8 Foot Table w/ Tablecloth	2	2	2	1	
Chairs	4	4	2	2	
Mezzanine Banner	yes	yes	yes	no	
Marketing Exposure	Exclusive	Premier	Prominent	Standard	

Extras	Cost Per Each	# Needed	Total Cost
Preferred Booth Placement			
Corner	\$50	x _____	\$ _____
Lobby	\$50	x _____	\$ _____
Outside Booth	\$100	x _____	\$ _____

Electricity	Cost Per Each	# Needed	Total Cost
110 (20 amps)	included		
110 (30 amps)	\$35	x _____	\$ _____
220 (50 amps)	\$55	x _____	\$ _____

Mezzanine Banner	\$100	x _____	\$ _____
Peg Board(s)	\$10	x _____	\$ _____
Table(s)	\$10	x _____	\$ _____
Extra Chair(s)	\$5	x _____	\$ _____
Forklift	\$80	x _____	\$ _____
Easel(s)	\$10	x _____	\$ _____

Booth level: \$ _____
+
Extras total: \$ _____
-
NEWCA discount: \$ _____
=
Total: \$ _____

NEWCA members receive a \$25 discount (per booth package.)

Booth space must be paid in full by December 31, 2020, or the space may be resold. No payments will be accepted at the show.

Submit this form to the Chamber of Commerce, 314 S. Gillette Ave.; Gillette, WY 82716. Please call 307-686-1259 or email LoriJ@GilletteChamber.com to confirm your application. Acceptable forms of payment are check, money order, or credit card. DO NOT send cash!

Please make checks payable to: Campbell County Chamber of Commerce

If paying via credit card, please provide the following information: (credit card information will not be saved.)

Type of Card: _____ Card # _____ Expiration Date: _____

Name on Credit Card: _____ Customer Code: _____

Signature: _____