



7th ANNUAL IBSA CONVENTION

VENDOR INFORMATION BOOKLET

INSTRUCTIONS

1. Complete the application below and make a copy for your records.
2. Attach a check payable to IBSA or receipt of payment made through PayPal at www.ibsa.me.
3. E-mail completed application and check (if applicable) to: info@ibsa.me
4. If necessary, you may mail the application to IBSA, 11953 Prairie Avenue, Hawthorne, CA 90250

Applications will be reviewed, evaluated, and tentative space will be reserved. Tables will be assigned on a first-received, first-served basis. We will do our best to accommodate any special requests as indicated on the application.

VENDOR SPACE INCLUDES

- 1-6' Draped Table
- 2-Chairs
- 2-Vendor Badges (as pre-ordered)
- Vendor Room Carpeting
- Listing in Show Program

Note: If you require electricity, please include your request and additional payment with your application.

EXHIBIT HALL HOURS

Monday, October 28	Vendor Move-in	8:00PM – 9:00PM
Tuesday, October 29	Vendor Room Open	7:00AM – 5:00PM
Wednesday, October 30	Vendor Room Open	7:00AM – 5:00PM
	Vendor Move-out	5:00PM – 6:00PM

SECURITY

The Vendor Room will be locked during the off hours. Admittance to the Vendor Room during set up hours will be restricted to Vendors wearing their Vendor Badges.

RATES

- \$350.00 for each 6' table until **August 31, 2019**.
- \$450.00 for each 6' table **September 1, 2019** and thereafter. (Each Vendor is limited to 2-6' tables.)
- \$85.00 for electricity during entire event.

TABLE ASSIGNMENT

Space is limited and table assignments will be made on a first-received, first-served basis by IBSA. Table assignments will be confirmed upon receipt. There may only be one exhibitor per table.

CANCELLATIONS

Before September 1, 2019	50% refund
September 1, 2019 and thereafter	No refund

HOTEL RESERVATIONS

To book your room or for questions you may have, call the Tuscany Suites & Casino Room Reservations Department at 877-887-2261. Be sure to mention IBSA group rate code *13M8YK* for our special pricing.

QUESTIONS?

Taskeen Ellahi	Phone 302-494-0027	E-mail task121@gmail.com
Daniel Funk	Phone 800-362-7071	E-mail daniel@passionbeauty.com
Rob Sheets	Phone 225-721-1037	E-Mail rsheets424@aol.com
Neil Brunck	Phone 704-589-4687	E-Mail neilbrunck@netscape.net



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EXHIBITOR APPLICATION AND AGREEMENT			
EXHIBITOR INFORMATION PLEASE TYPE OR PRINT			
COMPANY NAME:			
EXHIBITOR LISTING:			
BRANDS/LINES TO BE DISPLAYED:			
CONTACT NAME:		TITLE:	
ADDRESS:			
CITY:	PROVINCE/STATE:	ZIP:	COUNTRY:
PHONE:	FAX:	E-MAIL:	
BOOTH PACKAGE			
VENDOR SPACE PACKAGE INCLUDES:		ORDER (QUANTITY):	VENDOR SPACE FEE:
1-6' DRAPED TABLE		_____ VENDOR PACKAGE(S)	\$350.00 for each 6' Table until August 31, 2019 . \$450.00 for each 6' Table September 1, 2019 and Thereafter. (Each Vendor is limited to 2-6' tables.) Note: There is an \$85.00 charge if electricity is needed. If you require electricity, please include the \$85.00 charge with the deposit.
2-CHAIRS		_____ ELECTRICITY \$85	
2-VENDOR BADGES (AS PRE-ORDERED)			
VENDOR ROOM CARPETING			
LISTING IN SHOW PROGRAM			
\$350			
BOOTH FEES & PAYMENT SCHEDULE			
By signing the following credit card payment authorization, you agree to allow IBSA to charge your credit card for unpaid balances per the payment and schedule terms of the contract.		GRAND TOTAL: \$	
CHECK# _____ (Make payable to IBSA)		Payment Schedule: Upon Signing 50% of booth fee due August 15, 2019 100% of booth fee due	
CREDIT CARD NUMBER:		EXP:	SEC CODE:
CARDHOLDER NAME:		SIGNATURE:	
BILLING ADDRESS:			
CITY:	PROVINCE/STATE:	ZIP:	COUNTRY:
PHONE:			
<input type="radio"/> I agree to be charged 100% of the contracted exhibit package upon return of this document. _____ INITIALS <input type="radio"/> I agree to be charged 50% of the contracted exhibit package upon return of this document and the remaining 50% by August 15, 2019 . _____ INITIALS			
SIGN BELOW			
EXHIBITOR HAS READ THE TERMS AND CONDITIONS OF THE AGREEMENT. EXHIBITOR UNDERSTANDS THAT THIS AGREEMENT SHALL BE LEGALLY BINDING BETWEEN IBSA AND THE EXHIBITOR ONLY UPON ACCEPTANCE IN WRITING BY IBSA. EXHIBITOR ALSO UNDERSTANDS THAT ANY CHANGES IN THE INFORMATION IN THIS AGREEMENT MUST BE PROVIDED TO IBSA IN WRITING. EXHIBITOR UNDERSTANDS AND AGREES TO THE CANCELTION POLICY LAID OUT IN VENDOR INFORMATION BOOKLET.			
Signature of Exhibitor:			
Name (Please Print):			Date:



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VENDOR BADGE FORM

DUE DATE: August 15, 2018

Badges will be available for pick-up at the show.

Please fax: (310)878- 0335 or e-mail: info@ibsa.me

Vendors are entitled to 2 complimentary badges,
Exhibitor badges are for booth staff only. They cannot be given to clients or attendees.

Badge 1: Please type or print information as it should appear on badge.

COMPANY: _____

CITY: _____ **STATE:** _____

FULL NAME: _____

Badge 2: Please type or print information as it should appear on badge.

COMPANY: _____

CITY: _____ **STATE:** _____

FULL NAME: _____