

Company Name		Contact Name & Title
Mailing Address		City / State / Zip
Phone	Fax	Contact Phone/Cell
Email		Website
Facebook		Twitter

Vendor Category (Check one):  Manufacturer  Retailer  School  Local Service  Other \_\_\_\_\_

Product Description (if applicable): \_\_\_\_\_

Are you a JPMA Member?  Yes  No  Unsure

We will attend the following shows:  2019 New York  2019 Chicago  2019 LA

Booth	JPMA Member Rates* (pricing per show)			Non-Member Rates (pricing per show)		
	1 Show	2 Shows	3 Shows	1 Show	2 Shows	3 Shows
20'x20'	<input type="checkbox"/> \$12,600	<input type="checkbox"/> \$11,550	<input type="checkbox"/> \$10,500	<input type="checkbox"/> \$13,860	<input type="checkbox"/> \$12,700	<input type="checkbox"/> \$11,550
20'x10'	<input type="checkbox"/> \$6,930	<input type="checkbox"/> \$6,670	<input type="checkbox"/> \$6,300	<input type="checkbox"/> \$7,620	<input type="checkbox"/> \$7,335	<input type="checkbox"/> \$6,930
10'x10'	<input type="checkbox"/> \$3,675	<input type="checkbox"/> \$3,465	<input type="checkbox"/> \$3,150	<input type="checkbox"/> \$4,040	<input type="checkbox"/> \$3,810	<input type="checkbox"/> \$3,465
10'x5'	<input type="checkbox"/> \$2,310	<input type="checkbox"/> \$2,205	<input type="checkbox"/> \$2,100	<input type="checkbox"/> \$2,540	<input type="checkbox"/> \$2,425	<input type="checkbox"/> \$2,310

Show Directory (pricing per directory)	1 Show	2 Shows	3 Shows
Full Page	<input type="checkbox"/> \$800	<input type="checkbox"/> \$750	<input type="checkbox"/> \$700
Half Page	<input type="checkbox"/> \$500	<input type="checkbox"/> \$450	<input type="checkbox"/> \$400

**Payment Schedule**

50% Upon Signing	\$
New York Balance Due 2/1/2019	\$
Chicago Balance Due 6/1/2019	\$
LA Balance Due 8/1/2019	\$
Total	\$

\*To receive applicable discounts, exhibitor must be a JPMA member company in good standing for calendar year 2018.

**Terms and Conditions**

This contract shall constitute the full and binding agreement between Exhibitor and Family Media (FM) for the services of FM in connection with the Baby Show Series. Executed agreements are binding and non-refundable. 1. RELOCATION AND FLOOR PLANS: FM reserves the exclusive right to revise the Expo Floor plan and/or move Exhibitors as it deems necessary or desirable. FM further reserves the right to remove any Exhibitor or Exhibitor displays as FM deems necessary or desirable. FM is entitled to shut down an Exhibitor at any time for failure by such Exhibitor or any of their officers, agents, employees and or other representatives to perform, observe or meet any term or condition stated within these rules, and such Exhibitor is not entitled to a refund of any part of any fee. 2. BREAKDOWN: All Exhibitors must remain open until the official closing time of the Expo, and hereby agrees not to dismantle any part of their booth until the that time. 3. EXHIBITOR RESPONSIBILITY: Exhibitors should take all precautions which they deem advisable to protect merchandise or equipment which they have on display. FM is not liable to any Exhibitor for the loss, cost of expense for any damage incurred by Exhibitor except if directly caused by the gross negligence of FM. 4. LIMITATION OF LIABILITY: In all circumstances, FM's liability to Exhibitor shall be no greater than cost paid to FM by Exhibitor for this Expo. 5. SOUND RESTRICTIONS: Unless Exhibitor receives prior authorization from FM, the use of any device (natural or mechanical) used for sound projection beyond the confines of any exhibitor's booth is prohibited. 6. CANCELLATION POLICY: If the Expo is canceled for any reason whatsoever by FM. FM's sole obligation shall be to refund the costs received from Exhibitor and FM shall have no further liability to Exhibitor. If Exhibitor cancels more than 90 days prior to the first day of any scheduled event, Exhibitor shall be entitled to a refund of 50% of remaining event balance. If Exhibitor cancels fewer than 90 days prior to the first day of any scheduled event, Exhibitor shall be obligated for 100% of the contract cost and not be entitled to any refund and all amounts paid to date shall be deemed forfeited. 7. INSURANCE: Within 30 days prior to commencement of the event. Exhibitor shall provide written evidence of the existence of the following insurance, in a form satisfactory to FM naming FM and its designees, as additional insured: (i) Commercial general liability insurance in the minimum limits of \$1,000,000 per accident for bodily injury and property damage, \$3,000,000 aggregate; and (ii) All risk property insurance for Exhibitor's property with policy limits shall be equal; to one hundred percent (100%) of the replacement value of Exhibitor's property. Evidence of the insurance shall be presented in a form of ACORD certificate acceptable to FM.

The undersigned Exhibitor hereby applies for exhibition space at the above named Expo and agrees to pay booth rent in full in accordance with the terms set forth above. The Exhibitor agrees to exhibit for sale merchandise of quality, and to abide all applicable laws, rules and regulation of the City and State of New York and the United States. Exhibitor agrees to price all merchandise and accompany all sales with a sales receipt. Exhibitor shall be solely liable for the collection of all sales tax required in connection with any sale made by Exhibitor at the Expo. Exhibitor agrees to indemnify, protect, defend and hold harmless FM, the property owner, event sponsor(s), and all affiliated parties, their employees and representatives for any loss, cost, expense, liabilities, fines, penalties of any kind including reasonable legal fees and court costs arising from or in any way connected with Exhibitor's use of it's booth, participation in the Expo or breach of Exhibitor's obligations under this Agreement.

Please sign and date this Form and **fax it back to 646.383.6881** or email [John@TheBabyShowSeries.com](mailto:John@TheBabyShowSeries.com) Family Media Rep: \_\_\_\_\_

<b>Authorized Signature</b>	<b>Date</b>
<b>Print Name</b>	<b>Title</b>

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Contact Phone/Cell \_\_\_\_\_

New York Family Rep \_\_\_\_\_

**Credit Card Authorization**

I authorize Family Media LLC to charge the credit card for these amounts on these dates.

- Mastercard
- American Express
- Visa
- Corporate
- Personal

Account # \_\_\_\_\_

CVV# \_\_\_\_\_

Exp. Date \_\_\_\_\_

Cardholder's Billing Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Billing Contact Name \_\_\_\_\_

Billing Contact Email \_\_\_\_\_

**Payment Schedule**

50% Upon Signing

\$ \_\_\_\_\_

New York Balance Due 2/1/2019

\$ \_\_\_\_\_

Chicago Balance Due 6/1/2019

\$ \_\_\_\_\_

LA Balance Due 8/1/2019

\$ \_\_\_\_\_

Total

\$ \_\_\_\_\_