



Mohave County Gemstoners
P.O. Box 3992
Kingman, AZ 86402

DEALER CONTRACT

Show Dates: Saturday and Sunday, April 10 and 11, 2010.

I/We _____, an authorized dealer in Gems, Minerals and or Lapidary and Silversmithing, equipment and supplies, wish to acquire table space at the Mohave County Gemstoners' Annual Show. Show hours will be Saturday 9a.m. to 5 p.m. and Sunday 9 a.m. to 4 p.m., April 10th and 11th, 2010.

I /We wish to reserve _____ (number of tables) \$ _____ total table rental. Enclosed is \$ _____ as half payment of total cost – Payment by March 5, 2010 to reserve my space. Balance (if any) is due on or before March 10, 2010. Failure to remit your balance may result in forfeiture of reserved space unless prior arrangements are made with show chairman.

TABLE PRICES: \$5 PER LINEAL FOOT
\$40 PER 8 FOOT TABLE

All are required to submit by U.S. mail in U.S.A. currency, check or money order. Dealer Acknowledgements and Responsibilities:

- Dealer setup will start twelve (12) p.m. Friday and must be set up by eight-forty five (8:45) a.m. Saturday.
- Takedown Sunday is from Four fifteen (4:15) p.m. to Six thirty (6:30) p.m.
- Agree to have representation in my booth at all times during the above Show hours.
- Provide your own Insurance for the duration of the Show.
- Agree not to sue The Kingman Academy of Learning or Mohave County Gemstoners or their officers for any loss or damage to, or destruction of inventory, supplies or equipment owned by me and used or exhibited at this Show. This agreement not to sue shall bind my heirs, executor administrators and assigns.
- Cancellation of Contract must be in writing to Show Chairman. Refund will be 100% is received by February 20, 2010, 50% by March 15, 2010, 0% after March 16, 2010.

The floor is covered with rubberized finish that Dealers must protect in their booth area.

My sales include the following: _____

If there are any questions feel free to call Show Chairman – Nan Russell (928) 846-0927.

Business Name: _____ Business Address: _____

Business Phone: _____ Cell Phone _____ Home Phone _____

E-mail Address: _____

Signature of Authorized Representative _____ Date _____

Please print legibly Names for Badges for early entry to Show before opening times.

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