



For Office Use Only
Booth # _____
Confirmation _____
803.254.6404 • 803.254.6557 FAX

EXHIBITOR APPLICATION

PLEASE PRINT CLEARLY

Company/Organization: _____

Contact Person: _____

Mailing Address: _____

City _____ State _____ Zip _____

Business Phone: () _____ Fax: () _____

E-Mail: _____

T-shirt size: _____

1 Your company/organization will be selling: (Check one of the following)
 Products/Merchandise Services Exhibit Displays

2 Describe the nature of your exhibition and the products or services to be sold: _____

3 Please list any special facility requirements (*e.g. electrical outlets) *for electrical outlets please send enclosed form to the Prime Osborn Convention Center

4 Please list your top three booth choices
First Choice: Booth #: _____
Second Choice: Booth #: _____
Third Choice: Booth #: _____

5 Type of Business (What products or services) _____

6 Annual Sales: \$ _____

7 How long in business: _____

8 Number of employees: _____

9 Business organization (Check one):
 Sole Proprietorship Limited Liability Company
 C-Corporation S-Corporation Partnership
 Not for Profit Other

10 Financial Institutions used: _____

11 President or Principal of Company: _____

FRIDAY, SEPTEMBER 24, 2004
11:00 am - 5:00 pm Set-up Times
8:00 pm - 11:00 pm Pre-Expo Jazz Gala
featuring Kirk Whalum

SATURDAY, SEPTEMBER 25, 2004
7:00 am - 10:00 am Set-up Times
11:00 am - 7:00 pm Black Expo 2004



TERMS OF EXHIBITOR AGREEMENT

The exhibitor/vendor (hereinafter referred to as the Exhibitor) shall defend, indemnify and hold harmless Thomas-McCants Media, Inc., Black Pages USA (hereinafter referred to as the Host), its agents and its employees from and against all claims, damages, losses and expenses including attorney's fees arising out of or resulting from the display and operations of the Exhibitor. The Exhibitor shall furthermore hold harmless the Host from all claims, damages, losses or expenses arising out of or resulting from display or operations at the Black Expo provided that such claim, damage, loss or expense is (1) attributable to bodily injury, sickness, disease, or death, or to injury or destruction to tangible property, including the loss resulting therefrom, and, (2) is caused to or is claimed to have been caused, in whole or in part, by any product sold by the Exhibitor, its agents, employees or subcontractors regardless of whether or not such damage, loss or expense is caused or is claimed to have been caused in part by a party indemnified hereunder.

In any and all claims against the Host, its agents or employees by an employee, subcontractor or anyone directly or indirectly employed by the Exhibitor, or anyone for whose acts they may be liable, this indemnification obligation shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the Lessee or any subcontractor under workers' compensation acts.

I have read the terms of this agreement and my affixed signature signifies my acceptance of all terms specified in this document.

Exhibitor Representative's Signature

Exhibitor Representative's Name (PRINT)

Company Name

Date

For credit card usage, please call 1-800-419-2417. Method of payment: (Check one of the following)

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Cashier's Check | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | |

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Booth Fee: \$
Amount Enclosed \$