

**Commercial Exhibit Contract  
 2017 Kentucky Career & Technical Education Summer Program  
 Galt House Hotel & Suites, Louisville, Kentucky  
 Exhibits: July 23-26, 2017**

Booth Prices and Furnishings		
First Booth Prices	Additional Booth Prices	Furnishings
Corner Booth \$600 <input type="checkbox"/> Commercial Aisle Booth \$550 <input type="checkbox"/> Institutional (Non-profit; Academic) Aisle Booth \$450 <input type="checkbox"/> Static Aisle Booth (unmanned, display only) \$400 <input type="checkbox"/> <b>Booths are 10' x 8'</b> Center Double plus size with a storage area \$1450 <input type="checkbox"/> <b>Booth 20'F/10'r x 8'd</b> <input type="checkbox"/>	Commercial 2nd Booth \$500 <input type="checkbox"/> Institutional 2nd Booth \$400 <input type="checkbox"/> Commercial 3rd Booth \$450 <input type="checkbox"/> Institutional 3rd Booth \$350 <input type="checkbox"/>  Prices do not apply to corners and/or center double size booths. Additional booths not available for a static booth.	8" Draped Back Wall with 3' Draped Side Rails One Draped/Pleated, Covered Table (2'x8'x30") Two Folding Chairs One Trash receptacle One 7" x 44" Identification sign Unlimited Exhibitor Badges

**Check above the type, price and number of booths required.**

Company Name \_\_\_\_\_ Email \_\_\_\_\_  
 Contact Name/Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Address/P.O. Box \_\_\_\_\_ Fax \_\_\_\_\_  
 City, State Zip \_\_\_\_\_ Web Site \_\_\_\_\_

**Description of Product/Service (Limit to 20 words or less)**

Contract/Exhibit Space Contact	Conference Exhibit/Operation Contact
Name _____	Name _____
Address _____	Address _____
City, State Zip _____	City, State Zip _____
Phone _____	Phone _____
Email _____	Email _____

**Company Name for Booth Sign**

**Exhibitor Name Badges prepared for all exhibitors attending the conference.**

\_\_\_\_\_

\_\_\_\_\_

# Exhibitor Sponsorships

## Sponsorship

- Platinum \$5,000
- Diamond \$2,500
- Gold \$1,000

## Door Prizes

- Major Level (Over \$100)
- Minor Level (Under \$100)

**We agree to abide by the regulations as contained in this contract.**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Accompany this contract with a check for 35% deposit, or for the total amount due, for the space requested; payable to KACTE.

Please see "Condition of Agreement to Exhibit" for further details; said document is considered a part of this agreement.

### Mail check & original of this contract to:

KACTE  
Mike Stone, Exhibits Manager  
PO Box 4583  
Frankfort, KY 40604-4583  
502-223-1823 (office)  
[kmstone1951@gmail.com](mailto:kmstone1951@gmail.com)

### For Office Use Only: 2017 Booth Confirmation

Issued Check # \_\_\_\_\_ Date \_\_\_\_\_ Total \_\_\_\_\_ Booth # \_\_\_\_\_