



Dear Interested Exhibitors:

Mark your calendar for this exciting event! The Ohio Association of the Deaf, Inc. (OAD) is excited to host the 7th Biennial Statewide Ohio DEAFair 2011 at the Ohio Expo Center and State Fair - Lausche Building 717 East 17th Avenue Columbus, Ohio 43211 on **Saturday, November 5, 2011, at 10:00 a.m. to 5:00 p.m.** We had over 2,000 attendees at the DEAFair 2009 and we hope to attract even more DEAFair goers for DEAFair 2011. Mark your calendars! This event is not to be MISSED!

The Exhibit Planning Committee of Ohio DEAFair 2011 is inviting organizations and businesses; both profit and non-profit, to exhibit a booth during the events. The exhibition will be held on a first come, first serve basis. The exhibition contract is enclosed with various selections and prices. A 10' x 10' square exhibit square with 8' x 10' long skirted table and two chairs will be provided. The contract deadline is October 21, 2011. Also, enclosed is one another form for you, if needed (rental of electrical supplies). A limited vendor's license will be purchased by OAD to cover all exhibitors who plan to sell products at the event. We need you to tell us what products you plan to sell. Please provide a copy of your vendor's license along with the forms. **There will be only two free admissions for exhibitors.** Send your completed form to ATTN: Linda Mahmood, 22455 Lake Road, Apt. 308A, Rocky River, Ohio 44116 and make your check payable to Ohio Association of the Deaf, Inc..

Upon your arrival for setting up between 7:00 a.m. and 9:00 a.m., we will provide you with the registration packet(s) and badge(s). Our exhibition patrols will walk around the exhibition area to maintain foot traffic around the exhibits and to help all exhibitors get ready for the event.

For your information and convenience, directions to the Ohio Expo Center and State Fair will be sent when you reserve your space. Lodging information will be sent to you along with the confirmation letter for your exhibit space. Sponsorships to the Ohio DEAFair 2011 are very welcome. Please contact the chairperson, Verne Taylor, Jr. at deafairchair@oad-deaf.org.

For more information or questions about exhibition, please feel free to contact me. I can be reached at exhibitionchair@oad-deaf.org.

We look forward to having you with us during the DEAFair 2011!

Sincerely,


Linda Mahmood
Ohio DEAFair Exhibition Coordinator

Enclosures: Exhibition Contract/Form
Electrical Service Order Form



Ohio DEAFair 2011
Ohio Expo Center and State Fair
Lausche Building
Columbus, Ohio 43211 - 2698

Saturday, November 5, 2011

EXHIBITION BOOTH CONTRACT

Please complete clearly

Business/Organization: _____

1st Exhibitor's Name: (Morning) _____

2nd Exhibitor's Name (Morning) _____

3rd Exhibitor's Name (Afternoon) _____

4th Exhibitor's Name (Afternoon) _____

Full Address: _____

Contact Person's Name: _____

Day Phone Number: (_____) _____ TTY Voice VP (circle)

Evening Phone Number: (_____) _____ TTY Voice VP (circle)

Day Fax Number: (_____) _____ Evening Fax Number: (_____) _____

1st Choice E-mail address/Text Pager: _____

2nd Choice E-mail address/Text Pager: _____

E-mail Address: _____

Exhibit Purpose (s)/ Goal (s): _____

Plan to sell your products at the events? _____ Yes _____ No

If yes, the Ohio Association of the Deaf will purchase a transient vendor's license to cover all exhibitors for the event.

If yes, selling what items? (Please be specific) _____

Exhibition Booth Rate Information:

_____ Profit Organization: \$175.00
(10 x 10 square exhibit space, one 8 ft. long table with skirt and two chairs)

_____ Non-Profit Organization \$150.00
(10 x 10 square exhibit space, one 8 ft. long table with skirt and two chairs)

_____ For Information Table Only: \$100.00 for companies/organizations not be presented
(10 x 10 square exhibit space, one 8 ft. long table with skirt)

Extra if needed:

of 10 x 10 square exhibit space: _____ x \$35.00 each = \$ _____

of 8-ft long table, skirted : _____ x \$40.00 each = \$ _____

of chairs _____ x \$15.00 each = \$ _____

Total Amount: \$ _____

If you need a High Speed Internet connection, please email me. Additional fees apply.

Plan to rent electrical supplies for your exhibition?

_____ Yes _____ No

If yes, please see the enclosed electrical supply rental form

Please mail this completed form to: Linda Mahmood , 22455 Lake Road, Apt. 308A, Rocky River, Ohio 44116 . Please make check payable to Ohio Association of the Deaf, Inc.

***** After postmarked deadline on October 24, 2011, late fee is \$75.00 *****

Contract

It is understood that Ohio Association of the Deaf, Officers and agents are in no way responsible for loss, stolen, or damage of any material, equipment or other property or belongings of the exhibitor. The Ohio Association of the Deaf and its members involved in the event will be held harmless for all losses incurred throughout the entire event including the time of arrival, transportation and departure. The exhibit is solely responsible to protect and preserve its property at all times throughout the event.

It is also understood that the exhibitor will utilize the space assigned by the Event Exhibit Coordinator. The exhibitor will not move exhibit or infringe on other exhibitors assigned space without explicit approval of the designated event exhibit coordinator.

It is also understood that the exhibitor will notify the Event Exhibit Coordinator of any cancellation of the exhibit with at least 24 hour notice. All payments of exhibit fees including the late penalty fee are non-refundable.

It is also understand that the exhibitor will follow all rules of the events, be courteous to all event participants and work in cooperation with the event exhibit coordinator in making the event as enjoyable and successful as possible.

It is also understood that the exhibitors will remain in their booth, and are not to be soliciting or encouraging people to come to your booth.

It is also understood that there will be no food or beverages served from your booth. Hard/small candy is acceptable.

It is also understood that all volunteers' in the exhibitors' booth are at least 18 years old. Minors are not allowed.

If the check from your organization/company is not received on or by November 5, 2011, you will be charged a late fee of \$200.00 (cash only) at the door.

This agreement comprises that entire agreement between the parties and accurately represents the understanding between the parties.

1st Exhibitor's Signature Date

3rd Exhibitor's Signature Date

2nd Exhibitor's Signature Date

4th Exhibitor's Signature Date

For more information or questions about exhibition, please feel free to contact me. I can be reached at exhibitionchair@oad-deaf.org.

Sincerely,


Linda Mahmood

Ohio DEAFair Exhibition Coordinator



Electrical Service Order Form

Rates quote below for electrical connections cover only the beginning of service to the booth in the most convenient manner and do not include connecting equipment or special wiring. All wiring and electrical work on exhibitor's displays will be invoiced at a time and material basis. All equipment must be tagged and wired with complete information to the type of current, voltage; phase, etc. overloading and over current are the exhibitor's responsibility. All connections will confirm to the national electric code, city code, and regulations.

ELECTRICAL CONNECTIONS

120 Volt; 0 - 1000W OUTLET _____ \$75.00
(It is required to order one if you plan to use electrical.)

Multi-strip _____ \$40.00
(It is not required if you bring it with you.)

Extension Cord _____ \$20.00
(It is not required if you bring it with you.)

Name of Event: _____ Booth # _____

Exhibiting Firm: _____

Phone: (____) _____ E-mail Address: _____

Address: _____

Signature: _____ Title: _____

Please make check payable to: Ohio Association of the Deaf, Inc. and mail the form to: Linda Mahmood, 22455 Lake Road, Apt. 308A, Rocky River, Ohio 44116. An e-mail address is exhibitionchair@oad-deaf.org

Exhibition Coordinator Only	
Check # _____	Amount \$ _____
Received Date: _____	_____ (Exhibition Coordination Signature)
Turn in Date: _____	_____ (Treasurer Signature)