



Dear Interested Exhibitors:

Mark your calendar for this exciting event! The Ohio Association of the Deaf, Inc. (OAD) is excited to host the 5th Biennial Statewide Ohio DEAFair 2007 at the Ohio Expo and State Fair – Lausche Building 717 East 17th Avenue, Columbus, Ohio 43211 on **Saturday, November 10, 2007, 10:00 a.m. to 6:00 p.m.** We had over 2,500 attendees at the DEAFair 2005 and we hope to attract even more DEAFair goers for DEAFair 2007. Mark your calendars! This event is not to be MISSED!

The Exhibit Planning Committee of Ohio DEAFair 2007 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 space with 8' x 10' long skirted table and two chairs will be provided. ***The contact deadline is October 31, 2007.*** 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. Send your completed form to ATTN: Becky Somnitz, 92 Oakview Avenue, Struthers, Ohio 44471-2331 and make your check payable to Ohio Association for the Deaf.

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). There will be a brief meeting for all the exhibitors at 9:30 a.m. with Exhibitor Coordinator, Becky Somnitz. 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 2007 are very welcome. Please contact two co-chairpersons, Nancy Resh and Verne Taylor, Jr. at ohio_deafair@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 2007!

“DEAF”initely yours,

Rebecca Somnitz
Exhibition Coordinator

Enclosures: Exhibition Contract/Form; Electrical Service Order Form



Ohio DEAFair 2007
Ohio Expo Center and State Fair
Lausche Building
Columbus, Ohio 43211-2698

Saturday, November 10, 2007

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 Pager Number: _____

2nd Choice Pager Number: _____

Email 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 this event.

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

Exhibition Booth Rate Information:

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

_____ Non-Profit Organization: \$125.00
(10 x 10 square exhibit space, one 8ft. long table with skirt and two chairs)

_____ For Information Table Only: \$80.00 for companies/organizations not be presented
(10x10 square exhibit space, one 8ft. long table with skirt)

Extra if needed:

Of 10 x 10 square exhibit space: _____ x \$25.00 each = \$ _____
 # Of 8-ft long table, skirted: _____ x \$ 30.00 each = \$ _____
 # Of chairs _____ x \$10.00 each = \$ _____

High Speed Internet hook-up request: \$125.00 \$ _____

Plan to rent electrical supplies for your exhibition? _____ Yes _____ No

- If yes, please see the enclosed electrical supply rental form

Total Amount : _____

Mail this completed form to: Becky Somnitz, 92 Oakview Avenue, Struthers, Ohio 44471-2331. Make check payable to Ohio Association of the Deaf, Inc.

After postmarked deadline on October 31, 2007 late penalty fee is \$50.00

Agreement

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 understood 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.

If a check from your organization/company is not received on or by November 10, 2007, 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.

_____	_____	_____	_____
1 st Exhibitor's Signature	Date	3 rd Exhibitor's Signature	Date
_____	_____	_____	_____
2 nd Exhibitor's Signature	Date	4 th 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 or 330.726.8391 (Work – TTY) or VP: 330 726-8687

“DEAF”initely yours,

Rebecca Somnitz
Ohio DEAFair Exhibition Coordinator



ELECTRICAL SERVICE ORDER FORM

Rates quotes 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 _____ \$ 50.00

MULTI-STRIP _____ \$ 20.00

EXTENSION CORD _____ \$ 20.00

NAME OF EVENT: _____ Booth # _____

EXHIBITING FIRM: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

SIGNATURE: _____ TITLE: _____

DATE: _____

Fax: To Becky Somnitz at 330.750.1259 (h) or 330.965.1272 (attn: Becky) (w)

To pay by check: Make checks payable to: Ohio Association for the Deaf and mail the form to Becky Somnitz, Exhibition Booth Chairperson, 92 Oakview Avenue, Struthers, Ohio 44471-2331

Email Address: Exhibitionchair@oad-deaf.org

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_____ For Exhibition Coordinator Only _____

Check # _____ Amount \$ _____

Received Date - _____

(Exhibition Coordinator Signature)

Turn in Date - _____

(Treasurer Signature)