



Fair Use Only --
Exhibitor ID: _____
Booth Space: _____

**2012 Multi-Level Exhibitors Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Ste./Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Nature of business & description/list of all items sold/displayed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individuals with special needs, please check here: \_\_\_\_\_

**Base Fee:**

Booth Size: \_\_\_\_\_ 10' x 10' (\$250) \_\_\_\_\_ 10' x 10' corner (\$350) = \$ \_\_\_\_\_  
 \_\_\_\_\_ 10' x 20' (\$425) \_\_\_\_\_ 10' x 20' corner (\$500)

**Additional Fees:**

Electricity (*please review Exhibitor rules on use of electricity*): \$100 = \$ \_\_\_\_\_  
 8' Table: Number of tables needed \_\_\_\_\_ (\$25 per table) = \$ \_\_\_\_\_  
 Number of folding chairs needed \_\_\_\_\_ (\$10 per chair) = \$ \_\_\_\_\_  
 Helium Balloon (sale or distribution): \$125 = \$ \_\_\_\_\_  
 Adhesive Sticker (sale or distribution): \$125 = \$ \_\_\_\_\_

**Total Payment Due:** = \$ \_\_\_\_\_

**Exhibitor Application Guidelines:**

1. Complete application form and return with payment no later than **July 2, 2012**.
2. Payment method:  
 \_\_\_\_\_ Check made payable to Arlington County Fair  
 \_\_\_\_\_ Money Order \_\_\_\_\_ Master Card \_\_\_\_\_ Visa  
 Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID: \_\_\_\_\_
3. If paying by check or money order, please send payment to:  
**Arlington County Fair, P.O. Box 40244, Arlington, VA 22204**
4. Please save a copy of the application for your records.

*I have read the Exhibitor Rules and agree to abide by them.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date