



PARTICIPATION AGREEMENT

July 18 & 19, 2008
Sheraton Miami Mart Hotel
Miami, FL

Please complete and return this Agreement to show organizers by fax to **(305) 412-3247**.

All requests will be assigned on a first-come, first served basis.

Make your check payable to **United States Real Estate Expo** and mail it with a copy of your Agreement to **8900 SW 107 Ave., Ste 313 Miami, FL 33176**.

Agreement will be considered valid when signed by Show Management. Once approved, a confirmation will be emailed to you.

Please print clearly

This Box is for your info in the Expo Guide

COMPANY/EXHIBITOR NAME _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (____) _____ WWW. _____

Your description for Expo Guide (limit to 20 words) _____

CONTACT INFO (Name): _____

Title: _____ Phone (____) _____

Cellular (____) _____ Fax (____) _____

Email: _____

Mailing Address _____

City _____ State _____ Zip _____

DESCRIPTION
1) SPONSOR: Diam ____ Plat ____ Gold ____ Silver ____ Exclus. ____
2) BOOTH size: ____' X ____' Choices: a) # ____ b) # ____ c) # ____
3) WORKSHOP Slot: Track #: ____ Hour choices: a) ____ b) ____
4) AD in Expo Guide: _____
5) OTHER: a) 2nd listing @ \$395 ____ Notes: _____

COSTS	
1) Sponsorship	\$ _____
2) Booth	\$ _____
3) Workshops	\$ _____
4) Expo Guide	\$ _____
5) Other	\$ _____
TOTAL	\$ _____

Standard booth packages include pipe & drape, one 6' draped table, 2 chairs, 1 wastebasket, ID sign, listings in Expo Guide, electricity and staff badges. Hall is already carpeted.

 Exhibitor / Sponsor Signature

 Expo Account Executive

 Date

As an authorized representative of the Company/Exhibitor contracting services described above, I have read and understood the content of this Agreement as set forth here and in the United States Real Estate Expo TERMS & CONDITIONS, and agree to abide by them. Fax or email transmission of this Agreement and any signatures affixed hereto shall be considered for all purposes as originals.

PLEASE CHARGE MY CREDIT CARD		VISA ____	MC ____	AMEX ____	DISC ____
Number _____		Cardholder _____			
Expiration: _____		Signature _____			
CC Billing Address _____				Zip _____	

Approved by Show Management: _____ Date: _____