

**GAB CC  
SHOPPING & BUSINESS EXPO  
VENDOR AGREEMENT**

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

STOREFRONT LOCATION: \_\_\_\_\_

BRIEF PRODUCT DESCRIPTION: \_\_\_\_\_

2010 EXPO DATE(S): \_\_\_\_\_

1<sup>ST</sup> SPACE CHOICE: # \_\_\_\_\_ 2<sup>ND</sup> SPACE CHOICE: # \_\_\_\_\_ 3<sup>RD</sup> SPACE CHOICE: # \_\_\_\_\_

- SPACE LOCATIONS ARE NOT GUARANTEED; HOWEVER, WE WILL MAKE EVERY EFFORT TO PLACE YOU IN EITHER YOUR 1<sup>ST</sup>, 2<sup>ND</sup> OR 3<sup>RD</sup> CHOICE LOCATION. ALL SPACES ARE CLEARLY VISABLE AND EASILY ACCESSIBLE.
- \$75 PER SPACE INSIDE • \$50 PER SPACE OUTSIDE • THERE WILL BE A \$15 PER DAY SURCHARGE FOR ELECTRICAL OUTLET USAGE. CHECK HERE IF YOU WILL BE NEEDING ELECTRICITY. \_\_\_\_\_

PAYMENT: \$ \_\_\_\_\_ x \_\_\_\_\_ DATES = \$ \_\_\_\_\_  
\$ \_\_\_\_\_ ELECTRICITY SURCHARGE  
\$ \_\_\_\_\_ TOTAL PAYMENT

\_\_\_\_\_ CHECK OR MONEY ORDER PAYABLE TO GAB CC

\_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ DS

Cardholder's Name: \_\_\_\_\_  
(as it appears on card)

Card Account Number: \_\_\_\_\_

Security Code/CVC: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Payment may be submitted in person, by fax, or by mailing this form along with check, money order or completed credit card information to:

GERALD BUYCK  
GAB CONFERENCE CENTER, 1326 W. MAIN STREET, LEWISVILLE, TX 75067  
• P 214-868-7986 • F 972-436-7373  
www.gabconferencecenter.com • gabconferencecenter@yahoo.com

To pay in person or to schedule a visit to GAB CC, please contact:  
Tamela Bowie  
214-478-0293  
tamelabowie@aol.com

Neither GAB CC nor its Lessor will assume any responsibility for the damage or loss of any merchandise, articles and/or personal property left in or around premises OR be held liable for any accident and/or injury to persons in attendance prior to, during, or after event.