



**2012 Registration Form**  
**Saturday & Sunday, October 6 & 7, 2012**

(Set-up October 5)

Memorial Hall, York Expo Center, York, PA

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Will you be selling any items at your booth? Yes \_\_\_ No \_\_\_, PA Sales Tax ID#** \_\_\_\_\_

**Rates:**

\$560 per booth if reserved by April 22, 2012

\$585 per booth after April 22, 2012

End Booth – add \$60 to regular price

Premium Booths - add \$90 to regular price

Receive a third booth for only \$235 (regular booths only)

Booth Sharing - add \$130 to booth cost.

\$25 discount to members of the York or Hanover Chambers of Commerce

*Booth is 10'x10' (unless otherwise specified) with back and side draping.*

*There is an additional charge for electricity, booth carpet, tables and chairs.*

**I would like to reserve booth(s)#** \_\_\_\_\_

*A \$250 non-refundable deposit per booth is required to reserve a space. The balance is due August 1, 2012. A late payment will incur an additional fee. Failure to pay by due dates may result in forfeiture of my booth(s). All booths are assigned on a first-come, first-served basis.*

*By submitting a deposit, exhibitors agree to abide by all rules and regulations of the Women's Show. Rules and regulations will be made available to exhibitors prior to the event. The Women's Show reserves the right to reject an exhibitor or change its location.*

**I would like to reserve** \_\_\_\_\_ **110 electricity hookups(s) for \$29 each.** (Call for special electrical needs.)

**Return this form with the \$250 non-refundable deposit per booth payable to:**

**Women's Show, c/o The Peak 98.5, P. O. Box 234, Hanover, PA 17331**

**Or**

**Charge to your Discover, VISA or Master Card and fax to 717-637-9006**

**(Charge will appear on your statement from "Radio Hanover")**

Card No \_\_\_\_\_ Security Code\* \_\_\_\_\_ Exp. \_\_\_\_\_  
(\*3-digit code on back of credit card)

Cardholder Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Cardholder Billing Address & Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

*If you have any questions, please contact Sandra Angel at 717- 637-3831 or 717-792-0098.*