



FEBRUARY 20-22, 2021
SATURAY SUNDAY, MONDAY
CONTRACT DEADLINE:
OCTOBER 30, 2020

Office Use Only
Date: _____
Points: _____
Last Location: _____

EXHIBITOR CONTRACT

DEADLINE: October 30, 2020 - \$100 LATE PENALTY REGISTRATION FEE

Please fill out the entire contract and return with complete payment or contract will be returned

Members Information:

First Name:	<input type="text"/>	Address:	<input type="text"/>
Last Name:	<input type="text"/>	City:	<input type="text"/>
Phone:	<input type="text"/>	State:	<input type="text"/>
Email:	<input type="text"/>	Zip:	<input type="text"/>
Fax:	<input type="text"/>	Country	<input type="text"/>

Additional Members Information:

First Name:	<input type="text"/>	Address:	<input type="text"/>
Last Name:	<input type="text"/>	City:	<input type="text"/>
Phone:	<input type="text"/>	State:	<input type="text"/>
Email:	<input type="text"/>	Zip:	<input type="text"/>
Fax:	<input type="text"/>	Country	<input type="text"/>

First Name:	<input type="text"/>	Address:	<input type="text"/>
Last Name:	<input type="text"/>	City:	<input type="text"/>
Phone:	<input type="text"/>	State:	<input type="text"/>
Email:	<input type="text"/>	Zip:	<input type="text"/>
Fax:	<input type="text"/>	Country	<input type="text"/>

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Phone:	<input type="text"/>	State:	<input type="text"/>
Email:	<input type="text"/>	Zip:	<input type="text"/>
Fax:	<input type="text"/>	Country:	<input type="text"/>

First Name:	<input type="text"/>	Address:	<input type="text"/>
Last Name:	<input type="text"/>	City:	<input type="text"/>
Phone:	<input type="text"/>	State:	<input type="text"/>
Email:	<input type="text"/>	Zip:	<input type="text"/>
Fax:	<input type="text"/>	Country:	<input type="text"/>

First Name:	<input type="text"/>	Address:	<input type="text"/>
Last Name:	<input type="text"/>	City:	<input type="text"/>
Phone:	<input type="text"/>	State:	<input type="text"/>
Email:	<input type="text"/>	Zip:	<input type="text"/>
Fax:	<input type="text"/>	Country:	<input type="text"/>

Company Listings for Directory

(Limited to six listings)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Booth Signage

1 sign is provided per 10 x 10 space

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

MUST BE FILLED OUT OR YOU WILL NOT BE ASSIGNED AN EXHIBIT SPACE

Product Information

Please check one box only. If more than one box is checked you will be roomed at the discretion of the Rooming Committee. Rooming out of category will not be permitted.

Cobb Galleria Centre

Cobb Galleria Main Exhibit Hall

- Athletic
- Junior
- Men's Dress Casual
- Work Boots
- Children's
- Comfort
- Jobbers
- Moderate
- Concourse Main Hall

The Fashion Collection

John A. Williams Ballroom Cobb Galleria Centre

- Better/Update \$60-\$90
- Salon \$100 & up
- Concourse Fashion Collection

The Shoe Court

Lower Level Cobb Galleria Centre

- [See floor plan](#) for pricing on suites.

If not shoes, please also indicate type of product

- Accessories
- Handbags
- Other
-

RETAIL Price Of Shoes: \$ _____

(Please provide the average retail price of products.)

Exhibit Space Request

1st Choice

2nd Choice

3rd Choice

[\(See map\)](#)

Plan

● A ● B ● C ● D ● E ● F

[\(See plan\)](#)

Additional Comments:

Please provide any special requests or information regarding your booth. There are no guarantees.

Description:	Qty	Rate	Subtotal
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Market fee per person (all exhibitors)

x \$150

Booth Exhibitors Only

10x10 Furnished Booths (Includes 3 tables, 4 chairs & wastebasket)

x \$870

10x10 Unfurnished Booth

x \$745

Meeting Room / Suite Exhibitors

Fashionada Room 101-107-108-109-110-111-112	<input type="checkbox"/>	x \$1,645	<input type="checkbox"/>	\$
Fashionada Room 120	<input type="checkbox"/>	x \$1,937	<input type="checkbox"/>	\$
Fashionada Room 113-114-115-116-117-118-119	<input type="checkbox"/>	x \$1,938	<input type="checkbox"/>	\$
Fashionada Room 102-103-104-105-106	<input type="checkbox"/>	x \$3,423	<input type="checkbox"/>	\$
Fashionada Board Room 4	<input type="checkbox"/>	x \$1,645	<input type="checkbox"/>	\$
The Shoe Court – Suites A, C & D (see pricing on floor plan)	<input type="checkbox"/>	x \$2,195	<input type="checkbox"/>	\$
The Shoe Court – Suite B (see pricing on floor plan)	<input type="checkbox"/>	x \$4,636	<input type="checkbox"/>	\$
The Shoe Court – Suite E (see pricing on floor plan)	<input type="checkbox"/>	x \$5,728	<input type="checkbox"/>	\$

If Applicable

SEST 2018 Dues (if not already paid)	<input type="checkbox"/>	x \$45	<input type="checkbox"/>	\$
Initiation Fee (for new exhibitors)	<input type="checkbox"/>	x \$75	<input type="checkbox"/>	\$
Late Fee	<input type="checkbox"/>	x \$100	<input type="checkbox"/>	\$

Advertising Rates – Show Directory & Mailing Labels

Full Page Color Ads	<input type="checkbox"/>	x \$325	<input type="checkbox"/>	\$
Back Cover Color	<input type="checkbox"/>	x \$525	<input type="checkbox"/>	\$
Inside Front Cover Color	<input type="checkbox"/>	x \$500	<input type="checkbox"/>	\$
Center Spread Color	<input type="checkbox"/>	x \$525	<input type="checkbox"/>	\$
Inside Back Cover Color	<input type="checkbox"/>	x \$500	<input type="checkbox"/>	\$
Labels (Per Set)	<input type="checkbox"/>		<input type="checkbox"/>	

Subtotal

Credit card payment total will reflect a 2.85% fee for MC/Visa & 3.25% for American Express.

Total

Payment Information

Credit Card:

Expiration Date:

Card Number:

Security Code:

Return all payments to Southeastern Shoe Travelers, 953 Harmony Road, Suite 106, Eatonton, GA 31024 –706-923-0580 –
Fax 706-923-0520. I (your signature) _____ agree to uphold all the rules and regulations set forth by SEST.