



AUGUST 18-20, 2019
SUNDAY, MONDAY, TUESDAY
CONTRACT DEADLINE: APRIL 19, 2019

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

EXHIBITOR CONTRACT

DEADLINE: APRIL 19, 2019 - \$100 LATE PENALTY REGISTRATION FEE

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

Please read important details below regarding the August 18-20, 2019 Exhibitor Registration Form. Additional details are below the contract. You may submit your completed registration form directly online or you may download the PDF version and e-mail, fax, or mail your completed form to The Atlanta Shoe Market office.

The \$45.00 Annual Membership Dues are owed once per year, per member. The \$150.00 Market Fee is due per show, per member. The annual dues and market fees cannot be transferred nor refunded once applied to an individual.

Credit card payment is due in full with your completed contract. If you are submitting a check, please notify the office and you will be invoiced accordingly. Payment is due no later than APRIL 19, 2019.

If your company is creating a custom built booth space, the completed plan including all dimensions, must be submitted with your contract. There are no guarantees.

The \$100.00 late fee will automatically be applied to any late submissions. No exceptions.

If you have any questions, please contact The Atlanta Shoe Market office directly. We look forward to seeing you in August.

Member's Information (This is not a company name but individual member's name.) Please list and pay for all members that are attending.

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"/>

Additional Members Information:

First Name:

Address:

Last Name:

City:

Phone:

State:

Email:

Zip:

Fax:

Country

First Name:

Address:

Last Name:

City:

Phone:

State:

Email:

Zip:

Fax:

Country

First Name:

Address:

Last Name:

City:

Phone:

State:

Email:

Zip:

Fax:

Country

First Name:

Address:

Last Name:

City:

Phone:

State:

Email:

Zip:

Fax:

Country

COMPANY LISTINGS FOR DIRECTORY

(Limited to six listings)

BOOTH SIGNAGE

1 sign is provided per 10 x 10 space

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 [SEE MAP ON WEBSITE](#)

1st Choice

2nd Choice

3rd Choice

Plan [SEE PLAN ON WEBSITE](#)

- A B C D E F

Additional Comments:

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

Description:	Qty	Rate	Subtotal
Market fee per person (all exhibitors)	<input type="text"/>	x \$150	\$ <input type="text"/>
Booth Exhibitors Only			
10x10 Furnished Booths (Includes 3 tables, 4 chairs & wastebasket)	<input type="text"/>	x \$790	\$ <input type="text"/>
10x10 Unfurnished Booth	<input type="text"/>	x \$665	\$ <input type="text"/>

Meeting Room / Suite Exhibitors

Fashionada Room 101-107-108-109-110-111-112	<input type="text"/>	x \$1,497	\$ <input type="text"/>
Fashionada Room 120	<input type="text"/>	x \$1,763	\$ <input type="text"/>
Fashionada Room 102-103-104-105-106	<input type="text"/>	x \$3,115	\$ <input type="text"/>
Fashionada Board Room 4	<input type="text"/>	x \$1,497	\$ <input type="text"/>
The Shoe Court – Suites C & D (see pricing on floor plan)	<input type="text"/>	x \$1,998	\$ <input type="text"/>
The Shoe Court – Suite B (see pricing on floor plan)	<input type="text"/>	x \$4,218	\$ <input type="text"/>
The Shoe Court – Suite E (see pricing on floor plan)	<input type="text"/>	x \$5,212	\$ <input type="text"/>

If Applicable

SEST 2019 Dues (if not already paid)	<input type="text"/>	x \$45	\$ <input type="text"/>
Initiation Fee (for new exhibitors)	<input type="text"/>	x \$75	\$ <input type="text"/>
Late Fee	<input type="text"/>	x \$100	\$ <input type="text"/>

Advertising Rates – Show Directory & Mailing Labels

Full Page Color Ads	<input type="text"/>	x \$325	\$ <input type="text"/>
Back Cover Color	<input type="text"/>	x \$525	\$ <input type="text"/>
Inside Front Cover Color	<input type="text"/>	x \$500	\$ <input type="text"/>
Center Spread Color	<input type="text"/>	x \$525	\$ <input type="text"/>
Inside Back Cover Color	<input type="text"/>	x \$500	\$ <input type="text"/>
Labels (Per Set)	<input type="text"/>	x \$55	\$ <input type="text"/>

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.