

**Exhibitor Contract**  
**63<sup>rd</sup> Annual T.W.U.A. Southeast Regional School**

Location: Holiday Inn -Beaumont Plaza  
3950 IH 10 South  
Beaumont, TX

School Dates: October 25<sup>th</sup> – October 28<sup>th</sup>, 2021  
Exhibit Date & Time: Tuesday, April 28<sup>th</sup>, 9AM - 4PM

**Terms of Contract:**

Displays are to be setup Monday, October 25<sup>th</sup>, 2021 **after 1PM**, and dismantled Tuesday, October 26<sup>th</sup>, 2021 **after 4 PM**. Exhibit items must fit in booth space(s) allotted, with no exhibit allowed outside the building. There shall be no flammable liquids. All reasonable attempts should be made to protect the Holiday Inn from damages. The exhibitor shall assume all liability or loss. The exhibitor shall make every effort to insure the integrity of the school. In the Event of changes all exhibitors will be notified in writing. Any cancellations received six weeks prior to the school will receive 50% refund. Less than six weeks' notice will result in the entire exhibit fee being forfeited. Cancellations must be received in writing by the TWUA at PO Box 7851, Beaumont, TX 77726.

Firm Name \_\_\_\_\_ Telephone : (\_\_\_\_) \_\_\_\_\_  
*(Please print)*

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Exhibitor Representatives 1 \_\_\_\_\_ 2 \_\_\_\_\_

**Additional Representatives +\$50 each** 3 \_\_\_\_\_ 4 \_\_\_\_\_

Specify type of product \_\_\_\_\_  
or service to be exhibited \_\_\_\_\_

Booth space number(s) preferred 1st choice # \_\_\_\_\_ 2nd choice # \_\_\_\_\_ 3rd choice # \_\_\_\_\_

Please enter the desired quantities and amounts: Number of Booths \_\_\_\_\_ @ \$425 \_\_\_\_\_  
Additional Representative(s) \_\_\_\_\_ @ \$50 \_\_\_\_\_  
Guest Passes \_\_\_\_\_ @ \$5 \_\_\_\_\_  
**Meal Tickets** \_\_\_\_\_ @ **\$10** \_\_\_\_\_

**Total** \_\_\_\_\_

We the undersigned, having applied for exhibit space at the T.W.U.A. Southeast Regional School agree to abide by the conditions of this contract . It is mutually agreed that there are no oral or written agreements other than those printed or written herein, and that neither the terms nor conditions of this contract can be modified.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

*Make all checks payable to T.W.U.A. Southeast Region.*

*Mail to: PO Box 7851, Beaumont, TX 77726*

*(This line for T.W.U.A. use only) Treasurer Approval \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_*

We now can accept credit cards. Please provide the credit card number, name on the card, exp. date, zip code and the security code located on the back of the card. Email CC information to: [twuasetreasurer@yahoo.com](mailto:twuasetreasurer@yahoo.com)