

**PLEASE RETURN ORIGINAL
 CONFIRMATION WILL BE RETURNED**

Produced by New Hope Network ("NHN" or "Show Management"), a division of Informa Media, Inc. (including its subsidiaries and other affiliates directly or indirectly owned by Informa Media Operating Holdings, Inc., "Informa Media").

Please include invoice # and customer # on check stub or wire transfer

Make checks payable to: Informa Media/NPEE/OHF19 24654 Network Place Chicago, IL 60673-1246	Wire Transfer: Informa Media JPMorgan Chase New York, NY ABA #021000021 Account #811104744 SWIFT: CHASUS33	Express Mail Address: JPMorgan Chase 131 S. Dearborn, 6th Floor Chicago, IL 60603 Attn: Informa Media 24654
---	---	--

CREDIT CARD:

to pay by credit card, your company will be invoiced with directions on how to pay online.

The agreement formed incorporates the terms and conditions on this contract form and (I) the Informa Markets Sponsorship and Exhibition Terms and Conditions - Hybrid Events (accessible at www.ExpoEast.com/terms) (the "Terms and Conditions"); (II) the terms, conditions, rules, regulations and guidelines, set forth in the Exhibitor Services Kit (accessible at www.expoeast.com/esk); (III) the New Hope Network Exhibitor Standards for Natural Products Expo (accessible at www.newhope.com/standards, the "Standards"); and (IV) all additional policies and directives ("Policies") published or provided by Show Management relating to the Show (collectively, the "Agreement"). The foregoing shall control in the following order of priority to the extent there is any direct conflict between or among them: first, the terms and conditions on this contract, second, the Terms and Conditions, third, the Exhibitor Services Kit, fourth, the Standards, and fifth, the Policies. NHN reserves the right to reject any application for exhibit space for any reason.

★\$185International Exhibitor Insurance (Required)**

All international exhibitors (defined as non-U.S. and non-Canadian exhibitors) are required to obtain insurance through ExhibitorInsurance.com, the Show's designated insurance provider and the cost will be added to all international exhibitor contracts. This fee will be waived/refunded to international exhibitors if a valid Certificate of Insurance with the required coverages is provided to and approved by Show Management. U.S. and Canadian exhibitors may purchase the required insurance through their own carriers or through ExhibitorInsurance.com.

PAYMENT TERMS

Exhibit Space: One hundred percent (100%) of fee for ancillary marketing and promotional services is due with contract, unless otherwise indicated. New Hope Network may, at its discretion, release the booth(s) if the deposit(s) are not made per the attached schedule. Reassignment of the booth space under this provision does not relieve the exhibitor of its obligation under this contract.

PLEASE COMPLETE THE FOLLOWING

All opportunities are subject to availability.

OPPORTUNITY	QTY
HARVEST FESTIVAL EXHIBIT SPACE:	
<input type="checkbox"/> Natural Products Expo East Exhibitor \$1,145*	_____
<input type="checkbox"/> Non-exhibitor \$1,395*	_____

TOTAL: _____

*100% payment due with contract

TABLETOP PREFERENCES:

1. _____
2. _____
3. _____

TABLETOP PACKAGE INCLUDES:

- One Stool
- One Counter
- One Waste Basket
- ID Sign
- One Company Listing in OHF Directory
- Two Badges to Natural Products Expo East*
- * Non-exhibiting manufacturers only

EXHIBITOR CORRESPONDENCE (One company per contract only)

Online Information & Individual to receive all Harvest Festival correspondence.+

Company Name: _____
 Exhibiting As Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Telephone: _____ Fax: _____
 E-mail Address: _____
 Website: _____
 Key Contact Name: _____
 Title: _____ Cell Phone #: _____
 Billing Contact E-mail: _____

+ **Please proofread** the information in the area above carefully. The Key Contact will have the ability to change the above information online should you choose to publish alternate company information online. A password will be supplied with your exhibit space confirmation via e-mail to the e-mail address listed above. Deadlines apply. Contact name and title will not appear in the online listing*.

CONTRACT ACCEPTANCE

By signing below, exhibitor agrees to abide by the terms and conditions of this Agreement, and hereby represents and warrants that the undersigned is duly authorized to execute this Agreement on behalf of exhibitor.

No refunds will be issued. 100% due with application

Name: _____
 Title: _____
 Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Tabletop # (s) Assigned _____ @ _____ = \$ _____
 Total Size: _____
 Sold By: _____
 Date Deposit Rec'd: _____ Sub-total = \$ _____
 Cust# _____ Deposit Amt. = \$ _____
 S/O: _____ CK # _____ Total Amt. Due = \$ _____
 Territory: _____