



The 34th Annual Rod & Custom

Auto, Motorcycle and Product Show

January 20, 21, 22, 2017

QCCA EXPO CENTER, 2621 4th Ave., Rock Island, IL 61201

Vendor Application Form

Load in will be from noon to 8pm on Thursday January 19th

NO OUTSIDE FOOD OR BEVERAGE MAY BE BROUGHT INTO THE QCCA BUILDING

Application For Space	Company Name: _____
	Contact Person: _____
	Address: _____
Must be filled out Completely and Legibly	City: _____ State/Prov: _____ Zip/Mail Code: _____
	Business Phone: _____ Fax: _____ Mobile: _____
	Email: _____

Description of Products	<p>Please give us a brief list of the main products to be sold, displayed, distributed or demonstrated:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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VENDOR SPACE RATE	<p>Standard Exhibit Rates (all spaces are indoors)</p> <p>10'x10' Exhibit Space: \$150.00 Total: \$ <u>150.00</u></p> <p>Corner Space by request - add. \$50.00/per corner X _____ Total: \$ _____</p> <p>Each Additional 10'x10' space: \$50.00 Add. Spaces X _____ Total: \$ _____</p> <p>Indicate your space: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table></p> <p>(spaces are limited and filled on a "first come first served" basis, thank you)</p> <p>Electrical Fee:</p> <p><u>\$50.00 each</u> hook-up (110 outlet) X _____ Total: \$ _____</p> <p>(Any plug-in of QCCA outlets is considered an electrical hook-up. You will be charged for each one used.)</p> <p>Tables:</p> <p><u>\$10.00 each</u> X _____ Total: \$ _____</p> <p style="text-align: right;"><u>NO REFUNDS</u> TOTAL ENCLOSED \$ _____</p>								

Mail this contract & payment in full to:	For Show Management Only:
Townsquare Media	Amount _____ Cash or Check# _____ Date Received _____
Attn: Shelly Christensen	

1229 Brady St.
Davenport, IA 52803
563-326-2541

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RETURN COPY WITH PAYMENT

Enclose Payment in Full, make checks payable to **Townsquare Media**