PARTICIPATION AGREEMENT

July 31 / Aug 1, 2009
Doubletree Miami Mart
Airport Hotel - Miami, FL

Please complete and return this Agreement to show organizers by fax to **(305) 412-3247**.

All requests will be assigned on a first-come, first served basis.

Make your check payable to **United States Real Estate Expo** and mail it with a copy of your Agreement to **8900 SW 107 Ave., Ste 313 Miami, FL 33176.**

Agreement will be considered valid when signed by Show Management. Once approved, a confirmation will be emailed to you.

Please print clearly **This Box is for your info in the Expo Guide**

COMPANY/EXHIBITOR NAME _____

Address _____

City _____ State _____ Zip _____Country_____

Phone (_____) _____ WWW. _____

Your description for Expo Guide (limit to 20 words) _____

_____

_____

_____

CONTACT INFO (Name):_____

Title: _____Phone (_____) _____

Cellular (_____) _____ Fax (_____) _____

Email: _____

Mailing Address _____

City _____ State _____ Zip _____

DESCRIPTION

1) SPONSOR: Diamond ____ Platinum ____ Silver ____ Exclusive _____

2) BOOTH size: _____' X _____' Choices: a) #_____ b) #_____ c) #_____

3) WORKSHOP Slot: _____ Hour choices: a) _____ b) _____

4) AD in Expo Guide: _____

5) OTHER: a) Electricity @ $95 _____ b) 2nd listing @ $395 _____

Notes: _____

COSTS

1) Sponsorship $ _____

2) Booth $ _____

3) Workshops $ _____

4) Expo Guide $ _____

5) Other $ _____

TOTAL $ _____

Standard booth packages include pipe & drape, one 6' draped table, 2 chairs, 1 wastebasket, ID sign, listings in Expo Guide and staff badges. Hall is already carpeted.

_____ _____ _____
Exhibitor / Sponsor Signature Expo Account Executive Date

As an authorized representative of the Company/Exhibitor contracting services described above, I have read and understood the content of this Agreement as set forth here and in the United States Real Estate & Wealth Expo TERMS & CONDITIONS, and agree to abide by them. Fax or email transmission of this Agreement and any signatures affixed hereto shall be considered for all purposes as originals.

PLEASE CHARGE MY CREDIT CARD VISA _____ MC_____ AMEX _____ DISC _____

Number _____ Cardholder _____

Expiration: _____ Signature _____

Billing Address _____City _____ State____ Zip _____

Approved by Show Management: _____ Date: _____