



PARTICIPATION AGREEMENT

Oct. 17 & 18, 2008
Renaissance Schaumburg
Hotel & Convention Center
Chicago, IL

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 to **8900 SW 107 Ave., Ste 313, Miami, FL 33176**.

All major credit cards are also accepted.

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: Diam. ___ Platinum ___ Silver ___ plus Exclusive _____
2) BOOTH size: _____' X _____' Choices: a) # _____ b) # _____ c) # _____
3) SPEAKING Slot (2-day 20 minute) Hour choices: a) _____ b) _____
4) AD in Expo Guide: _____
5) OTHER: a) 2nd listing @ \$395 _____ Notes: _____

COSTS	
Sponsorship	\$ _____
Booth	\$ _____
Speaking Slot	\$ _____
Expo Guide	\$ _____
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.

 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 _____			
CC Billing Address _____	Zip _____			

Approved by Show Management: _____

Date: _____