

Midwest Regional Fly-In, (MRFI) Not For Profit (NFP)
Saturday
May 24, 2008
St. Louis Downtown Airport (KCPS)
Sauget, Illinois

Mail completed form and payment to: Midwest Regional Fly-In, NFP Attn: Marsha Metter 5500 Vector Cahokia, IL 62206. Phone & Facsimile 618-332-1432. E-mail: hangarlady@sbcglobal.net

Please reserve, _____ Space(s), 10 ft. by 10ft (3.05m by 3.05m) Exhibit Space(s), to be used by your organization during the 2008 Midwest Regional Fly-In, May 24, 2008 in St. Louis Downtown Airport, Sauget, Illinois. If desired space has already been allocated, MRFI Management is requested to assign the best available space. If four or more 10ft. by 10 ft. spaces are requested please indicate total dimensions requested (length by width: _____)

Exhibit Booth height: _____ ft.
REQUESTED BOOTH (S): Inside _____ Outside _____
I request to be located adjacent to: _____
I do not wish to be located adjacent to: _____

Although it is MRFI's intent to place vendors/exhibitors in their requested space(s), kindly bear in mind that it may not always be possible. We receive numerous requests for space.

DEFINE WHAT YOU PLAN TO DO WITH THE SPACE. (Display only, display and sell items, provide and/or sell food and /or drink, provide an entertainment venue, or other special use).

We request that you bring your own tables, chairs, electric cables and water hoses if required. Unless specifically requested and arranged in advance, electricity will not be provided.

ADDITIONAL COMMENTS:

ALL SPACES MUST BE PAID FOR IN FULL WITH THIS APPLICATION. IT IS UNDERSTOOD THAT VENDOR/EXHIBITOR IS RESPONSIBLE FOR THE FULL AMOUNT OF SPACE APPLIED FOR ON THIS CONTRACT. THERE WILL BE NO REFUNDS FOR CANCELLATIONS OR REDUCTION IN SIZE AT ANY TIME.

PAYMENT CALCULATION:

Booth Price: _____
Local costs: _____
Other costs: _____
Subtotal: _____
Special Discount for early payment and reservation: _____
Total Due With This Application: _____

TYPE OR PRINT (All correspondence relating to you and for your organization concerning the Fly-In will be sent to). _____

Organization: _____

Contact Person: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _____

E-Mail: _____ Fax: _____ Cell Phone: _____

In signing this application/contract, Vendor/Exhibitor assumes entire responsibility, and hereby agrees to protect, indemnify and hold MRFI, St. Louis Downtown Airport and their respective officers, employees, members and agents harmless from and against any and all claims, losses, injuries and damages to persons and property, government charges or fines and attorney's fees arising out of or caused by the MRFI's installation, removal, maintenance, occupancy or use of the fly in/airport premises, or any part there of, or arising out of or caused by vendor/exhibitor participation in the fly-in activities. Furthermore agrees to abide by the rules and regulations for exhibiting as set forth by the MRFI (in its own interpretation) throughout the period May 24, 2008 of the Midwest Regional Fly-In.

Date _____ Signed _____

Name of Vendor/Exhibitor _____

PAYMENT METHOD: Enclosed is a check in the amount of: \$ _____ Check Number _____

Make all checks payable to: Midwest Regional Fly-In, NFP

THE ABOVE APPLICATION IS HEREBY ACCEPTED BY THE MIDWEST REGIONAL FLY-IN, NFP AND THE FOLLOWING SPACE NUMBER ASSIGNED _____.

Signed: Marsha Metter for MRFI: