| Ζ | SPECTRA PRODUCTIONS EV | ENT APP | LICATION | FO | R SPE | CTR/ | A OFFIC | E USE | 4 | |
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| | | | | Ref: Date: | | | | E USE | | |
| | | | | Show # | Kev | Add | Contract | Deposit | 9 | |
| 5 | Last Name | First Name | | | ,, , | | | | | |
| | | Televisore | | | | | | | AFFLICATION | |
| | Address | Telephone | | Special | | | Assigned: | | | |
| | City State Zip | Cell Phone | | | | | | | Ē | |
| 5 | State Zip | Cell Phone | | Your Spectra representative is: | | | | | | |
| | Idaho State Tax ID # (Idaho Tax Code, Title 63-3620C) | Fax | | | Da | vid | Beale | | | |
| | | IO State Tax ID # (Idano Tax Code, Title 53-3620C) Fax | | | (208) 939-6426, ext. 29 | | | | | |
| " | E-Mail Address Online F | Presence? (Et | sy-FB-IG-Websit | e) da | | | production | | | |
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| | l | Space Option 2 | | | *Pas | ses | | Rentals/Other | | |
| | Facility | | | *Re | entals/Of | ther | | | Ģ | |
| 5 | | | | | | - | | | | |
| AG | City State | Credit Card | Number | | | otal | | | | |
| | Products or services to be displayed: | Eve Doto/Sc | Codo/Pilling | 7:0 | Depo | osit | | | | |
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| | | <u>></u> | PEUIKA RODUCTIONS | Author | ized Signa | ture | | Date | Ĺ | |
| | PRODUCTIONS P.O. Box 333 | | | | | | | | | |
| | Eagle ID 83616 FAX: (208) 939-6437 Type or print name and title | | | | | | | | | |
| | www.spectraproductions.com | | | | | | | | | |
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| | from the activities of the exhibitor, his agents, employees or guests, defend s thereby. Exhibitor's proof of Bodily Injury and General Liability insurance | Spectra against any ar | nd all such claims, and to re | imburse and i | ndemnify Spectra | a for any los | ss, damage, expens | e, or payment suffered | | |
| | business practices, standards, and amounts outlined in the Event Guide. WORKERS COMPENSATION INSURANCE - Signer agrees that Worker | s Compensation Insu | rance shall be in force du | ring the even | , meeting the sta | atutory req | uirements of the St | ate of Idaho. | | |
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| Ц | removal of the entirety of their display. All merchandise and display material LITIGATION – If a suit or action is filed regarding this contract, the exhibitor p | must be removed from | n the building by the times g | given in the off | cial Event Guide. | | | | | |
| | TERMS & CONDITIONS - This contract and the information contained in the | e Event Guide are the | e terms and conditions agre | ed on by the p | parties hereto and | d no other a | agreement, oral or o | | | |
| 1 | ect matter of this contract, unless agreed to in writing by both parties, shall be deemed to exist or to bind any of the parties hereto. The parties understand and agree that exhibitor is an independent entity is not an employee, agent, representative, joint venturer, business partner, or any other like entity, with Spectra. The parties understand and agree that the act of each party hereto is the individual act of that A | | | | | | | | | |

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| | | | | Show # | Kev | Add | Contract | Deposit | 9 | |
| 5 | Last Name | First Name | | | ,, , | | | | | |
| | | Televisore | | | | | | | AFFLICATION | |
| | Address | Telephone | | Special | | | Assigned: | | | |
| | City State Zip | Cell Phone | | | | | | | Ē | |
| 5 | State Zip | Cell Phone | | Your Spectra representative is: | | | | | | |
| | Idaho State Tax ID # (Idaho Tax Code, Title 63-3620C) | Fax | | | Da | vid | Beale | | | |
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| | | <u>></u> | PEUIKA RODUCTIONS | Author | ized Signa | ture | | Date | Ĺ | |
| | PRODUCTIONS P.O. Box 333 | | | | | | | | | |
| | Eagle ID 83616 FAX: (208) 939-6437 Type or print name and title | | | | | | | | | |
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