



"Dedicated to Inspiring Beauty Professionals"

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Exhibitor Registration

Amount Enclosed: _____ Preferred Space # _____ Sales Rep: _____

Company name: _____

Product Description: _____

Address _____ City _____ State _____ Zip _____

Company Phone _____ Web Address _____

Email: _____

Authorized Signature: _____ Title _____ Date: _____

I have the authority to execute this exhibitor agreement on behalf of the above named company or individual and with my signature hereon, authorize the Black Beauty Expo, for and on the behalf of the party named above under the section titled Exhibitor to execute this contract by reserving appropriate space. Black Beauty Expo reserves the right to choose space according to availability as well as is not responsible for any claims made by Exhibitor and any litigation or claim arising from the placement of the exhibitor which is the sole liability of the exhibitor. Black Beauty Expo shall be held harmless from both the exhibitor and the claimant. I do understand that my deposits/payments are non-refundable and that I may lose my space if I don't meet all given criteria. • \$50 Return check fee. To pay by Credit Card Please fill out the form below.

VISA • MASTERCARD • AMEX Credit Card Information

Card Number _____ Exp. Date: _____ / _____ Sec code: _____

Billing Address: _____ City _____ St. _____ Zip _____

Phone Number _____ Email Address _____

Amount To Charge: _____

Date to Charge my balance: _____ Authorized Signature: _____

FOR OFFICIAL USE ONLY

SPACE ASSIGNED _____

APPROVED BY _____

METHOD OF PAYMENT _____

Deposit amount _____

BALANCE DUE BY: _____