

ACCESSORIES FORM

I am a standard 8' x 10' booth exhibitor and understand that as long as my response is received on or before January 15 included in the cost of my booth space is one (1) table, two (2) chairs and one (1) electrical outlet. If I need the available accessories - I will specify below which of those I need:

_____ One (1) table _____ Two (2) chairs _____ One (1) electrical outlet

*** Remember! All accessory requests after January 15, WILL be charged out at normal rate. ALL accessories MUST be requested, even those possibly available to you at no extra charge. We urge you to take advantage of this money-saving opportunity.**

_____ Table(s) @ \$40.00 each _____ Business Name: _____
_____ Chair(s) @ \$ 15.00 each _____ Contact Name: _____
_____ Electrical Outlet(s) @ \$ 50.00 each _____ Address: _____
_____ Table Skirt(s) @ \$25.00 each _____ City, State, Zip _____
_____ Phone # _____

TOTAL enclosed _____

Credit Card Charge Authorization Form

Print out this form and fax it to HeavyWeight Promotions, along with an enlarged photocopy of a valid official picture identification card (driver's license, passport, etc.), with your name and address as it appears on your credit card billing statement.

This form confirms your request for payment by Visa/MasterCard/Discover/Am Ex

Your signature below constitutes your agreement to pay the amount specified below, and authorizes HeavyWeight Promotions to obtain credit approval from said credit card company.

You must sign this agreement as well as the credit card authorization form below.

I, _____, hereby authorize HeavyWeight Promotions to **charge my credit card account as "Birdsong Resort and Marina"** I understand that charges will include a 3% handling fee. I affirm that I am at least 18 years old and that I am legally authorized to use the credit card account number specified below. Furthermore, I understand and agree that the charges specified below are irrevocable and may not be charged-back at any time in the future.

Print name as it appears on card: _____

Card Billing Address: _____ City: _____ State: _____ Zip Code: _____

SIGNATURE: x _____ Date: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Account Number: _____ Expiration Date: _____ V-Code: _____

Type of Card: __ MC __ VISA __ Discover __ AmEx

**This sheet must
be received no later than
FEBRUARY 6, 2008**

MAIL or FAX to:
HEAVYWEIGHT PROMOTIONS.COM
255 Marina Road * Camden, TN 38320-9699
(731) 584-7880 (731) 584-3625 FAX
www.HeavyWeightPromotions.com