



Dear Interested Exhibitors:

Mark your calendar for this exciting event! The Ohio Association of the Deaf, Inc. (OAD) is excited to host the 10th Biennial Statewide Ohio DEAFair 2017 at the **Cleveland State University, Student Center Ballroom, 2121 Euclid Avenue, Cleveland, Ohio 44135** on Saturday, October 28, 2017, at 10:00 a.m. to 5:00 p.m. We had over 1,500 attendees at the DEAFair 2015 and we hope to attract even more DEAFair goers for DEAFair 2017. Mark your calendars! This event is not to be MISSED!

The Exhibit Planning Committee of Ohio DEAFair 2017 is inviting organizations and businesses; both profit and non-profit, to exhibit a booth during the events. The exhibition will be held on a first come, first serve basis. The exhibition contract is enclosed with various selections and prices. The contract deadline is October 13, 2017. Also, enclosed is another form for you, if needed (rental of electrical supplies). A limited vendor's license will be purchased by OAD to cover all exhibitors who plan to sell products at the event. We need you to tell us what products you plan to sell. Please provide a copy of your vendor's license along with the forms. Send your completed form to ATTN: Linda Mahmood, 22455 Lake Road, Apt. 308A, Rocky River, Ohio 44116 and make your check payable to Ohio Association of the Deaf, Inc.

Upon your arrival for setting up between 7:00 a.m. and 9:00 a.m., we will provide you with the wristband(s). Our exhibition patrols will walk around the exhibition area to maintain foot traffic around the exhibits and to help all exhibitors get ready for the event.

For your information and convenience, directions to the Cleveland State University will be sent when you reserve your space. Lodging information will be provided to you along with the confirmation letter for your exhibit space. Sponsorships to the Ohio DEAFair 2017 are very welcome. Please contact the sponsorship coordinator, Verne Taylor, Jr. at oad1961@gmail.com.

For more information or questions about exhibition, please feel free to contact me. I can be reached at deafairexhibitionchair@gmail.com

We look forward to having you with us during the OAD Ohio DEAFair 2017!

Sincerely,

Linda Mahmood, Exhibition Coordinator
Ohio DEAFair 2017

Enclosures: Exhibition Contract/Form
Electrical Service Order Form



**Ohio DEAFair 2017
Cleveland State University
Cleveland, Ohio 44135**

Saturday, October 28, 2017

EXHIBITION BOOTH CONTRACT

Please complete clearly

Business/Organization: _____

1st Exhibitor's Name: (Morning) _____

2nd Exhibitor's Name (Morning) _____

3rd Exhibitor's Name (Afternoon) _____

4th Exhibitor's Name (Afternoon) _____

Full Address: _____

Contact Person's Name: _____

Day Phone Number: (_____) _____ TTY Voice VP (circle)

Evening Phone Number: (_____) _____ TTY Voice VP (circle)

Day Fax Number: (_____) _____ Evening Fax Number: (_____) _____

1st Choice E-mail address/Text Pager: _____

2nd Choice E-mail address/Text Pager: _____

E-mail Address: _____

(Please provide a permanent e-mail address where we can reach you in the future)

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Exhibit Purpose (s)/ Goal (s): _____

Plan to sell your products at the events? _____ Yes _____ No

If yes, the Ohio Association of the Deaf will purchase a transient vendor's license to cover all exhibitors for the event.

If yes, selling what items? (Please be specific) _____

Exhibition Booth Rate Information:

___ Profit Organization: \$200.00
(One 6 ft. long table with skirt and two chairs)

___ Non-Profit Organization: \$175.00
(One 6 ft. long table with skirt and two chairs)

___ For Information Table Only: \$100.00 for companies/organizations not be presented
(One 6 ft. long table with skirt)

Extra if needed:

of 6-ft long table, skirted: _____ x \$45.00 each = \$ _____

Total Amount: \$ _____

If you need a High Speed Internet Connection, please e-mail me. Additional Fees apply.

Please mail this completed form to: Linda Mahmood, 22455 Lake Road, Apt. 308A, Rocky River, Ohio 44116. Please make check payable to Ohio Association of the Deaf, Inc.

***** After postmarked deadline on October 23, 2017, late penalty fee is \$75.00*****

Exhibition Coordinator Only	
Check # _____	Amount \$ _____
Received Date: _____	_____ (Treasurer Signature)

Contract

It is understood that Ohio Association of the Deaf, Officers and agents are in no way responsible for loss, stolen, or damage of any material, equipment or other property or belongings of the exhibitor. The Ohio Association of the Deaf and its members involved in the event will be held harmless for all loses incurred throughout the entire event including the time of arrival, transportation and departure. The exhibit is solely responsible to protect and preserve its property at all times throughout the event.

It is also understood that the exhibitor will utilize the space assigned by the Event Exhibit Coordinator. The exhibitor will not move exhibit or infringe on other exhibitors assigned space without explicit approval of the designated event exhibit coordinator.

It is also understood that the exhibitor will notify the Event Exhibit Coordinator of any cancellation of the exhibit with at least 24 hour notice. All payments of exhibit fees including the late penalty fee are non-refundable.

It is also understand that the exhibitor will follow all rules of the events, be courteous to all event participants and work in cooperation with the event exhibit coordinator in making the event as enjoyable and successful as possible.

If the check from your organization/company is not received on or by October 23, 2017, you will be charged a late fee of \$200.00 (cash only) at the door.

This agreement comprises that entire agreement between the parties and accurately represents the understanding between the parties.

1st Exhibitor's Signature Date

3rd Exhibitor's Signature Date

2nd Exhibitor's Signature Date

4th Exhibitor's Signature Date

For more information or questions about exhibition, please feel free to contact me. I can be reached at deafairexhibitionchair@gmail.com

Sincerely,

Linda Mahmood, Exhibition Coordinator
Ohio DEAFair 2017

Electrical Service Order Form

Rates quote below for electrical connections cover only the beginning of service to the booth in the most convenient manner and do not include connecting equipment or special wiring. All wiring and electrical work on exhibitor's displays will be invoiced at a time and material basis. All equipment must be tagged and wired with complete information to the type of current, voltage; phase, etc. overloading and over current are the exhibitor's responsibility. All connections will confirm to the national electric code, city code, and regulations.

ELECTRICAL CONNECTIONS

120 Volt; 0 - 1000W OUTLET _____ \$50.00

(It is required to order one if you plan to use electrical.)

Note: Multi-strip/Extension Cord: Please bring your own.

Name of Event: _____ Booth # _____

Exhibiting Firm: _____

Phone: (____) _____ E-mail Address: _____

Address: _____

Signature: _____ Title: _____

Please make check payable to: Ohio Association of the Deaf, Inc. and mail the form to: Linda Mahmood, 22455 Lake Road, Apt. 308A, Rocky River, Ohio 44116. An e-mail address is deafairexhibitionchair@gmail.com.

Exhibition Coordinator Only

Check # _____ Amount \$ _____

Received Date: _____
(Treasurer Signature)