

# 28<sup>th</sup> Annual

## FALL BRIDAL SPECTACULAR "Capitol Plaza Hotel"

Mid Missouri's Premier Fall Bridal Show!

[www.MidMoBrides.com](http://www.MidMoBrides.com)

### Vendor AGREEMENT

(Please fill out in its entirety. Print clearly)

#### Arcobasso Promotions

3528 Gettysburg Place

Jefferson City, Missouri 65109

Cell: (573) 338-2266

Email to: [arcobassopromotions@gmail.com](mailto:arcobassopromotions@gmail.com)

Are you a CMBA Member?

If not, please choose one of the following!

\$95 yr. **Wedding Pro Premier Member** listing \_\_\_\_\_

\$240 yr. **Wedding Pro Deluxe Membership** \_\_\_\_\_

Date: \_\_\_\_\_

This agreement between Arcobasso Promotions and (Business Name) \_\_\_\_\_  
for Exhibit Space in **"Fall Bridal Spectacular" 2024.**

Vendor agrees to purchase \_\_\_\_\_ Exhibit space/s during **"Fall Bridal Spectacular" 2024.**  
Sunday, August 11, 2024, to be held at the **"Capitol Plaza Hotel", 415 West McCarty St., Jefferson City, Missouri.**

Vendor agrees to pay a **non-refundable deposit** at the time of signing agreement and  
to pay the balance as specified below or will be required to pay a late fee or forfeit space to another vendor.  
Cancellation policy of any space requires a 90-day written notice.

**All checks make payable to: Arcobasso Promotions & Special Events**

**Please check Booth size & Vendor Add-ons Below.**

**Full Booth \$595** \_\_\_\_\_ (8X10)

Includes one 6' table draped/3 employees

**Half Booth Options \*\*\$395** \_\_\_\_\_ (5X10)

Includes on 6' classroom table draped/2 employees.

#### VENDOR ADD-ON OPTIONS

Corner/End Booth (\$55) \_\_\_\_\_

Electric (\$45) \_\_\_\_\_

Add 'l tables # \_\_\_\_\_ @ \$30ea. \_\_\_\_\_

Vendor Space Total..... \_\_\_\_\_

Vendor Options Total..... \_\_\_\_\_

**Grand Total (Booth + Options):** \_\_\_\_\_

**Deposit (1/2 of Grand Total)** \_\_\_\_\_ **Due with agreement**

**Final Payments Due**..... **July 15, 2024**

\_\_\_\_\_  
**Arcobasso Promotions & Special Events**

**Contact Person:** \_\_\_\_\_

**Special Requests:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vendor Signature\*** \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Phone Number \_\_\_\_\_ cell: \_\_\_\_\_

Fax Number \_\_\_\_\_

**Current email address:** \_\_\_\_\_