

# APPLICATION - TEMPORARY EXHIBIT SPACE

**Las Vegas Market** [www.lasvegasmarket.com](http://www.lasvegasmarket.com)

**January 24 – 27, 2016**

## EXHIBITION SCHEDULE

Sunday, January 24, 2016: 9am – 7pm

Monday January 25, 2016 through Tuesday January 26, 2016: 9am-6pm

Wednesday January 27, 2016: 9am-4pm

**Thank you for your interest in exhibiting at Las Vegas Market.  
Please complete the application below. We look forward to working with you!**

Applicant Status:  NEW EXHIBITOR  RETURNING EXHIBITOR

Company Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Website\*: \_\_\_\_\_

Office Phone#: \_\_\_\_\_ Office Fax#: \_\_\_\_\_

Email (mandatory): \_\_\_\_\_ Mobile Phone#: \_\_\_\_\_

Please provide your URL information for any social media connections \_\_\_\_\_

Preferred method of contact \_\_\_\_\_

**Booth Size Requested:** \_\_\_\_\_ sq. ft. **Standard booth size: 10x10, 100 sq. ft. - (3x3 meters)**

**Standard price:** \$16.00 per sq. ft. **Corner fee:** \$200.00 Corner requested

End-cap requested  (double corner fees will apply) Island booth requested  (four corner fees will apply)

(Limited smaller booth sizes are available upon request.)

**Product Description:** Please describe in detail \_\_\_\_\_

Wholesale Price Range \_\_\_\_\_

Country of Origin \_\_\_\_\_ Manufactured  Handcrafted

Please upload up to 4 product images here, including a booth photo, or email them to [pwilliams@imcenters.com](mailto:pwilliams@imcenters.com); this information is very important to help us understand your product line and assess appropriate placement.

Please list the top 5 retail stores that carry your product line \_\_\_\_\_

Is your merchandise currently represented in a permanent showroom at Las Vegas Market?  Yes  No

If yes, which showroom? Name \_\_\_\_\_ Room No. \_\_\_\_\_

Will this be your first wholesale market? Yes  No

If you answered no, please provide the names of other markets where you have previously exhibited.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

***Please fax to 702-599-3001 or email your completed application to your designated leasing agent.***

**\*AAW**