



EXHIBITOR REGISTRATION

DECEMBER 16TH-17TH, 2017

RESORT WORLD CASINO, NEW YORK CITY

Submit this completed form by December 6, 2017 to forms@vaporfair.com

Company Name:		Booth Number:
Primary Contact Name:		Booth Size:
Phone:		
Address:		
City:	State/Province Code:	Zip/Postal Code:
Email:		Country Code:

Each contracted booth receives 2 complimentary exhibitor registrations per each 10x10 space 100 sq ft reserved. Additional registrations can be purchased for a fee – please see chart below. Only properly credentialed personnel are permitted to man booth. Exhibit registrations are not transferable, and personnel must be an employee of listed exhibiting, or contracted to man booth.

WELCOME RECEPTION! (Exhibitor Only) – All exhibitors are invited to join us for our opening party Friday, December 15th, at 6:00PM in the Resort World Casino, Center Bar (on Third floor). Please check in to register first and wear name badges to event. Complimentary light hors d oeuvres and drinks will be served.

REGISTRATION OPTIONS (All amounts in U.S. dollars)		Fee 10x10	Fee 10x20	Fee 10x30	Fee 20x20	PARTY RSVP
1.	Name: _____ Onsite Phone: _____	FREE	FREE	FREE	FREE	Yes ___
2.	Name: _____ Onsite Phone: _____					Yes ___
3.	Name: _____ Onsite Phone: _____	\$100	FREE	FREE	FREE	Yes ___
4.	Name: _____ Onsite Phone: _____	\$500				Yes ___
5.	Name: _____ Onsite Phone: _____	\$500	\$100	FREE	FREE	Yes ___
6.	Name: _____ Onsite Phone: _____	\$500	\$500			Yes ___
7.	Name: _____ Onsite Phone: _____	\$500	\$500	\$100	FREE	Yes ___
8.	Name: _____ Onsite Phone: _____	\$500	\$500	\$500		Yes ___

Additional Badges Needed? Please complete a second registration form and submit with this form.

METHOD OF PAYMENT Check Enclosed

Pay: VaporFair and HookahFair

Wire Routing: Transit Number: 121000248 Bank Name

SWIFT CODE WFBUS6S Wells Fargo Bank, NA

Beneficiary Account# 1213630351 420 Montgomery

Title of Account: VaporFair and HookahFair San Francisco, CA 94104

Charge Credit Card:	<i>American Express</i>	<i>MasterCard</i>	<i>Visa</i>
Card Number Exp. Date _____ _____ Name of Cardholder (please print) Phone _____		Billing Address City / State / Postal Code _____ <i>The undersigned has examined this contract and agrees to its terms and conditions on behalf of the exhibitor and/or sponsor.</i> _____ Cardholder Signature Date _____	
Messe Stuttgart, Inc., Suite 100 Atlanta, GA, 30341, USA		Projekt 20drei10 GmbH Ulmer Str. 80, 73431 Aalen, Germany 70	