

2017 OHBA Home Show Registration



April 1ST 10-5 and April 2nd 12-4

This form with FULL PAYMENT and CERTIFICATE OF LIABILITY INSURANCE must be returned to register.

Date _____/_____/_____

Name of Exhibiting Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: () _____ Cell: () _____

Fax: () _____ Email: _____

Web: _____

_____ Member \$300/per a booth till Dec 31st 2016. After Dec 31st 2016: \$400

_____ Non-Member \$400/per a booth till Dec 31st 2016. After Dec 31st 2016: \$500

_____ Additional lineal footage @ \$10/lf

_____ Non-Profit Organizations (allowed only one booth): \$50 till Dec 31st 2016. After Dec 31st: \$60

_____ I would like to become a OHBA member - for a full year membership cost of \$365/year

Membership Application must accompany this form!

_____ Donation to be made towards the raffle (raffle will be run Saturday & Sunday)

Booth fee includes one 10' wide x 10' deep space with drapery dividers (8' high back and 3' high sides), one table, and one chair. Additional length sold by the foot.

The Oahe Home Builders Association is a not-for-profit corporation. While some exhibitors at the Home & Const Show may be members of this Association, the OHBA and its Board of Directors disclaim any and all liability for any and all statements or claims made by exhibitors regarding their products and/or services. I hereby certify that I have read the Exhibitor Policies and Procedures Manual, that I understand said policies and that I agree to conform to all the rules and regulations as stated, and further agree that my employees and/or agents will be informed of the policies and procedures and that they will observe and comply with the policies and procedures. OHBA will make every effort to place you in the booth space you request, however we reserve the right to move you if necessary.

I understand NO refunds or cancellations will be given after March 5, 2017

I understand if my pipe and drape is damaged, I am 100% responsible for the replacement cost.

Authorized Signature: _____ Date: _____/_____/_____

contracts submitted after December 31 without payments will be returned . Earlier regristation payment due by Jan 27th

Return completed form, insurance certificate and payment to:

OHBA
PO Box 221
Pierre SD 57501