



Saturday, September 26, 2009
9:00 a.m. - 5:00 p.m.
South Dakota State Fairgrounds

Vendor Reservation and Payment Form

Company Name _____ Contact Name _____
 Address _____ City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ E-mail _____

Booth Prices (Includes 1 table, 2 chairs, electricity, boothing and two exhibitor passes which include lunch)			
<u>Early Bird Savings</u> (Ends June 30, 2009)		FINALBOOTH DEADLINE: Sept. 11, 2009	
Single Booth (8' x 10')	\$125	Single Booth (8' x 10')	\$150
Double Booth (8' x 20')	\$200	Double Booth (8' x 20')	\$225
Non-Profit (8' x 10')	\$75	Non-Profit (8' x 10')	\$75
*Cancellations made within 30 days of the event will not be eligible for a refund			

Product / Service _____

Will you be doing demonstrations at your booth? Yes ___ No ___ if yes, please describe demonstration:

May we contact you to inquire if you would be interested in a stage presentation? yes ___ or no ___

Booth size requested _____ Electrical outlet required? ___ **Total booth price: \$** _____

A \$2.00 processing fee must be added into your total

Door Prize: All vendors are asked to provide one door prize to be given away during the event. Door prizes are displayed in the Expo Building please bring them in there with you company name or business card attached. (If you hold a drawing or registration at your booth vendor is responsible for notifying the winners.)

- Enclosed, please find my check payable to South Dakota State Fair
- Charge my credit card please (please circle card type): Visa MC Discover American Express

Card number: _____ Expiration date: _____

Date: _____ Signature: _____

Once your vendor application has been approved, you will receive a phone call, a final contract and payment will be processed. Booth set up is Friday, Sept. 25, 2009, 8 a.m. to 4 p.m. Please return form to: South Dakota State Fair, Attn: Joni, 890 3rd St. SW, Huron, SD, 57350. For information or questions, please contact Joni Kiple at 605-353-7353, 1-800-529-0900 or e-mail joni.kiple@state.sd.us.

For Office Use Only			
Date Paid: _____	CK# _____	Receipt _____	By _____
Auth. #: _____			