



Application Deadline: April 1, 2010

Organization Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact Person/Title: _____

Telephone:(_____) _____ Fax:(_____) _____

E-mail: _____

Please select from the following exhibit options:

- Size: _____ 10' x 10' (\$850) _____ Bulk Space _____' x _____'
_____ 10' x 20' (\$1,700) (400 square feet or greater @ \$5/square foot)
_____ 10' x 30' (\$2,550)
_____ Corner space (additional \$100)
_____ 20-amp electrical outlet (included with your exhibit fee)

Exhibits are to be staffed from 9:00 a.m. to 10:00 p.m., August 19-28, and from 9:00 a.m. to 9:00 p.m. on August 29.

**Basic booth drape and carpeting is included with your exhibit fee.*

**Tables, table skirting, and chairs may be rented through our exclusive decorator or you may furnish your own.*

Please use the space below or the back of the application for the following:

Describe your plans and goals for your State Fair exhibit.

Describe any promotional activities, visitor registration activities, giveaways, programs or presentations you are planning for your exhibit.

If you wish to be located near similar organizations, please describe below. Please indicate if we need to send information to these organizations.

**Note: Completing this application does not guarantee exhibit space. Space will be assigned on a first-come, first-served basis and applicants will be reviewed for appropriate content. We do not allow direct sales. Interactive exhibits are highly encouraged. Exhibitor contracts will be issued to formalize terms by April 30. Signed contracts and payments will be due on or before May 15.*

Return to: Health Horizons, Kentucky State Fair, PO Box 37130, Louisville, KY 40233-7130