

Virtual
Southern Spa & Salon Conference

November 14-15, 2020
Hickory Metro Convention Center
Hickory, North Carolina

Sponsor Contract

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail Address: _____ Web Address: _____

Product/Business Description: Please list products or services _____

Major Competitors: _____

Sponsorships: Gold Level: \$1,400 Silver Level: \$700

Payment Options:

Deposit must accompany registration and may be made by check, MasterCard, VISA, Discover, or American Express. No contracts will be received without proper payment. No exceptions. Faxed contracts must be paid by MasterCard, VISA, Discover or American Express. Balance is due Wednesday, October 1, 2020. If deposit is paid by credit card, the final balance will also be charged, to account number given, on Wednesday, October 1, 2020. Exhibitor agrees to abide by the Rules & Regulations as set forth on the back of this page.

Type of Payment:

Check _____ _____ MasterCard _____ VISA _____ Discover _____ American Express

Credit Card Number: _____ Expiration Date: ____/____/____ **Security Code** _____

Credit Card Signature: _____ Amount Enclosed: \$ _____

Make Check Payable to: Hickory Mart Shows
Mail with Contract to: 2220 Highway 70 SE, Suite 253, Hickory, NC 28602
Telephone: 828-322-4924

If credit card billing address is different from above address:

Address: _____
City: _____ State: _____ Zip: _____

For Internal Use Only. Do Not Write In This Space.

Deposit:

Check Number _____ _____ MC _____ VISA _____ Discover _____ American Express **Security Code** _____

Date Deposit Processed ____/____/____ Amount of Transaction \$ _____ Approval Number _____ Balance: \$ _____

Final Payment:

Check Number _____ _____ MC _____ VISA _____ Discover _____ American Express **Security Code** _____

Date Final Balance Processed ____/____/____ Amount of Transaction \$ _____ Approval Number _____ Balance: \$ _____