



MARCH 11-13
KENTUCKY EXPO CENTER
LOUISVILLE, KENTUCKY
HPBExpo.com

**NEW PRODUCT PAVILION/
 ATTENDEES' CHOICE
 ENTRY FORM**

Entries received after January 10 will be accepted on first-come, first-served basis.

Company Name: _____ Booth#: _____
 Contact Name: _____ Email: _____
 Phone: _____ Alt. Onsite Contact/Phone: _____

PRODUCT INFORMATION *Complete a separate form for each product entry*

Product Name _____

Check One: _____ 2ft.x3ft. Table-Top (\$400) _____ 2ft.x6ft. Table-Top (\$500)
 _____ Free-Standing (\$600) _____ Oversized - Over 5 ft. x 10 ft. (\$1,200)

Check One: _____ Displaying Actual Product _____ Displaying Photo/Poster of Product*
 *Photo/Poster Displays, no larger than 16x20, must be provided by the exhibitor.

Product Measurements: _____ Width (side to side) _____ Length (front to back)
 _____ Weight (lbs.)

If submitting a Photo/Poster Display, supply measurements of the Photo/Poster.

Product Description (limit of 300 characters, including spaces and punctuation).

Description will be posted on the HPBExpo.com website and printed on Pavilion signage

PRODUCT IMAGE

Email product image, along with Entry Form to amyjackson@hpba.org

Check One: _____ Yes, a product image will be submitted to post online
 _____ No, a product image will not be submitted to accompany online product listing

Please review the [New Product Pavilion Rules for Entry](#).

Yes, I have read, understand and agree to all terms and conditions as stated in the Rules for Entry. I understand that space is limited; that products will be accepted on a first-come, first-served basis, and that this agreement will not become enforceable until accepted and acknowledged by HPBA.

Signature to Confirm Request: _____ Date: _____

TOTAL COST			
_____ # of 2x3 table-top entries	X	\$400 =	\$ _____
_____ # of 2x6 table-top entries	X	\$500 =	\$ _____
_____ # of free-standing entries	X	\$600 =	\$ _____
_____ # of oversized free-standing entries	X	\$1,200 =	\$ _____
Total:			\$ _____

Payment Options – Please Indicate Your Method of Payment

_____ Check mailed to Hearth, Patio & Barbecue Association, PO Box 412397, Boston, MA, 02241-2397

_____ [Credit Card Authorization Form](#) submitted with order form

_____ Wire Transfer/ACH Payment sent ([contact Show Management for instructions](#))

Send Forms and Questions to Amy Jackson, Senior Manager – Exhibits:

Hearth, Patio & Barbecue Association | 703-522-0086, x125 OR Direct 703-522-4483 | amyjackson@hpba.org