
McAllen Travel, Health & Wellness Expo 2018

Wednesday, February 14th & Thursday, February 15th

Exhibitor Registration

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Price includes- pipe and draped booth, skirted 6' table two chairs and a 7" x 44" black & white Cardboard banner with COMPANY Name as written below:

COMPANY Name: _____

Exhibitor Booth Prices will remain the same price for 2018:

_____ # Interior booth(s) at \$425 each
_____ # Corner booth(s) at \$475 each
_____ # Booth against the wall at \$450 each

\$25
Discount for
early
Registration

Total Due: \$ 50.00

Please list your booth number preference:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Every effort will be made to honor your choices; however, final placement is at the show manager's discretion.

Deposit of \$50 will hold your discounted price and will be deducted from final balance.

Exhibitor's Signature

Fax this form to (956) 683-0487 to reserve your booth(s). Credit Card Authorization form is attached.

Return a copy along with PAYMENT to:
McAllen Chamber of Commerce – Travel Show
P.O. Box 790
McAllen, TX 78505-0790
Phone: (956) 687-2787 Fax: (956) 683-0487
lroble@visitmcallen.com