

SHOWCASE, INC.

P.O. Box 691516, San Antonio, TX 78269

Phone: 210.698.0811 Fax: 210.698.0871

Email: Showcaseac@aol.com - www.showcaseshows.com

2012 Show Schedule & Application Form

Promoting Quality Craft and Gift Shows for 34 Years!

	Booth Size	Booth Fee	Electricity	Tables	Chairs	Total
May 3-6	5th Annual Mother's Day at Ingram Park Mall/San Antonio					
	Booth Sizes Vary	\$250.00	\$25 Y	NN/A	N/A	_____
May 10-13	18th Annual Mother's Day at Rolling Oaks Mall/San Antonio					
	Booth Sizes Vary	\$250.00	\$25 Y	NN/A	N/A	_____
Nov. 17-18	34th Annual San Antonio Christmas Showcase/Freeman Coliseum					
<u>4 Areas</u>	<i>(All booths professionally draped)</i>					
Coliseum	10x10 main floor	\$350.00	\$50 Y N	() \$15	() \$1	NOT AVAILABLE
	6x16 concourse	\$350.00	\$50 Y N	() \$15	() \$1	NOT AVAILABLE
	8x12 concourse	\$350.00	\$50 Y N	() \$15	() \$1	NOT AVAILABLE
Entertainment Ctr	10x10	\$350.00	\$50 Y N	() \$15	() \$1	_____ AVAILABLE
Exhibit Hall	10x10	\$350.00	\$50 Y N	() \$15	() \$1	_____ AVAILABLE
Outdoor	10x10	\$350.00	N/A	N/A	N/A	_____ AVAILABLE
Dec. 1 - 2	20th Annual San Antonio Christmas Extravaganza/Live Oak Civic Center					
	() 10x15	\$225.00	\$25 Y N	() \$10	() \$1	_____
Dec. 7 - 24	19th Annual San Antonio Christmas Market at Rolling Oaks Mall (20 spaces)					
	Booth Sizes Vary	\$3,200.00	(17 day commitment)			_____

Prices are subject to change* Dates are subject to change

Photos MUST accompany all applications; photos will be kept on file. **PRINT CLEARLY*INCLUDE ALL INFO!**

Name _____ Phone _____
 Business Name _____ Cell _____
 Address _____ Fax _____
 City _____ State _____ Zip _____ Email _____
 Description of work: _____

Payment to be submitted with application by check, cashier's check, money order or credit card; please make checks payable to: Showcase, Inc.

Mail information to: Showcase, Inc. Ellen Andrus, P.O. Box 691516, San Antonio, TX 78269-1516.

For information call 210.698.0811 between 9:00 – 4:00, Monday – Friday

Refund Information: A \$35 reservation and filing fee will be deducted for ALL refunds requested prior to 60 days before the scheduled show. There will be **NO REFUNDS**, for any reason, for cancellations within 60 days of the scheduled show.

Return Check Fee: A \$25 fee will be charged for all returned checks.

In order to reserve the above show(s), I have read and agree to the rules and regulations set forth by Showcase, Inc. I understand the cancellation and refund information. (This must be signed for application to be processed.)

Signature _____ Date _____

Please mark method of payment: () Check () Cashier's Check () Money Order () Visa () MasterCard () Discover

Credit Card # _____

Card Holder Name _____ Expiration Date _____

CVV Code _____ (3 digit # on signature panel) **REQUIRED** Signature _____