



**VENDOR RESERVATION FORM**  
**EQUINE SYMPOSIUM & CONVENTION TRADE FAIR**  
 Hilton Stamford Hotel, Stamford, CT

**Application and deposit deadline: November 15, 2018      Total Payment due: January 3, 2019**

Reservations are accepted on a first come first served basis, no exceptions. Reservation **must** be accompanied by a check/cc number with minimum 50% deposit, signed exhibitor agreement **and** insurance proof or Pony Club insurance application. Vendor name and website posted on our website only when **all** paperwork and payments are complete.

**Date of Event: January 30 – February 3, 2019 See Events tab on [www.ponyclub.org](http://www.ponyclub.org) for more information.**

**Location:** Hilton Stamford Hotel, 1 First Stamford Pl, Stamford CT 06902. For hotel reservations visit [www.ponyclub.org](http://www.ponyclub.org) Click on [Events/Equine Symposium/Local Amenities](#), or **203-967-2222** and ask for the Pony Club block. USPC group rate is \$129 plus tax/night. Book by Jan 9.

**See pricing below.** One 8' skirted table and 2 chairs included per 10' x 10' space. Complimentary wireless internet included. Electrical service may be ordered through hotel. You will receive forms and contacts.

**Sales Tax:** For directions on Sales and Use Tax permits and collecting tax visit [Connecticut Department of Revenue Services](#)

**Insurance:** A certificate of liability insurance for your business, **naming Pony Club as Certificate Holder**, must accompany the reservation deposit as per paragraph #12 in the exhibitor agreement "terms and conditions". **PROOF OF INSURANCE MUST BE RECEIVED IN THE PONY CLUB OFFICE BY JANUARY 3, 2019 OR MERCHANT WILL NOT BE ALLOWED TO SET UP AND WILL FORFEIT ALL EXHIBIT FEES.**

**Confirmation:** Payment confirmation and other information is emailed upon receipt of payment and proof of insurance. Space reserved on first come, first serve basis. If space is no longer available, the exhibitor deposit is returned to sender and the exhibitor placed on a waiting list.

**Cancellation Policy:** Fees are refundable if cancellation is received in writing emailed on or before January 3, 2019 less a \$50 office fee, provided space can be resold (as specified in the exhibitor contract/terms and conditions.)

\_\_\_\_\_ wishes to reserve a 2019 Equine Symposium & Convention Trade Fair booth.  
 (*Vendor Name as you wish it to appear*)

Contact Person: \_\_\_\_\_

Products/Services: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name(s) of personnel attending Trade Fair: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**For Information or to Mail Forms:**

Caryn Sappelli, Trade Fair Organizer  
 Pony Clubs, Inc.  
 4041 Iron Works Pkwy  
 Lexington, KY 40511

Email: [Admin@ponyclub.org](mailto:Admin@ponyclub.org) or [Activities@ponyclub.org](mailto:Activities@ponyclub.org)

Phone: 859-559-0667      Fax: 859-233-4652

**Reservation and Payment Totals:**

\$ \_\_\_\_\_ One 10' x10' Exhibit space @ \$375. each

\$ \_\_\_\_\_ One 10' x 20' Exhibit space @ \$600. each

\$ \_\_\_\_\_ One 10' x 30' Exhibit space @ \$775. each

\$ \_\_\_\_\_ One 10' x 40' Exhibit space @ \$950. each

\$ \_\_\_\_\_ **Total Due**  
 \$ \_\_\_\_\_ **Deposit Enclosed (50% of total) cc or check**  
 \$ \_\_\_\_\_ **Balance due January 3, 2019**

**Please check off the following:**

- I understand my reservation will be returned if any items below are missing.
- My signed exhibitor agreement is included with #4 Goods and Services completed on the form.
- My insurance proof is included **OR** has been sent to USPC by my carrier.
- A deposit check payable to USPC, Inc. or Credit Card information is enclosed
- I need an electrical outlet – **See Hotel's AV Form to order**
- I do NOT need a table.       I do NOT need chairs.
- I understand final payment is due January 3 by check, or my credit card will be charged on this date. Deposit/payment must be received to reserve my space.

**Credit Card payment** Visa or MC Card Number: \_\_\_\_\_ 3 digit security code \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Daytime phone # of cardholder: \_\_\_\_\_

Billing address: Street, Zip code: \_\_\_\_\_

Deposit amount: \$ \_\_\_\_\_ *I understand the remaining balance will be charged on 01/03/2019*

Yes, I will donate the following item(s) to the Silent Auction: \_\_\_\_\_