

# The Venice FL Antiques Show

SATURDAY, Feb. 18, 2017 - 10 TO 5 & SUNDAY, Feb. 19, 2017 - 10 TO 4



LOCATION: THE VENICE COMMUNITY CENTER -  
326 S NOKOMIS AVE VENICE FL 34285

In season, on the island in the heart of one of Florida's  
most prosperous resort communities!  
\*ELEGANT \* AIR CONDITIONED \*



EXHIBITOR SET UP: FRI. Feb.17th, 3:00 PM TO 9:00 PM & SAT. Feb. 18th, 8AM TO 10AM

## CONTRACT TERMS

A \$100. deposit is required on signing this reservation, which becomes the lease upon execution by ALLMAN PROMOTIONS LLC. ***Deposits are non-refundable within four weeks of show.*** The balance to be paid upon arrival. Please make all checks payable to Allman Promotions LLC  
Note! JUNE 1-OCT 31, Please mail to ALLMAN PROMOTIONS LLC P. O. BOX 470, CLAYTON, NY 13624  
OCT 31—JUNE 1, Please mail to ALLMAN PROMOTIONS LLC PO BOX 771780, NAPLES, FL 34107

1. Exhibitors must be in place by show opening and remain in place until closing time of the show. **POSITIVELY NO PACKING UNTIL THAT TIME.**
2. Exhibitors shall not assign or sublet all or any part of said space. and said space may be used by the exhibitor only for the showing and selling of antiques. **PLEASE NOTE: NO MODERN COLLECTIBLES AND NO REPRODUCTIONS! No handwritten or "Sale", "Special", "Half Price", or bargain signs.**
3. The exhibitor shall keep said space in good order, and shall not mutilate plaster or woodwork, and shall deliver up said space in good condition. The exhibitor shall be liable for any damage caused by themselves or their help.
4. By the acceptance of this agreement and request to reserve Exhibitor Space, the exhibitor expressly releases, Allman Promotions LLC, Stephen and Judith Allman, their agents and employees, Venice Community Center and employees, of and from any and all liability for any damage, injury or loss to any person or goods for any cause whatsoever.
5. Each exhibitor is required to have a Florida sales tax number and abide by all Florida sales tax rules.
6. Porters are available on a tip basis, the use of which is at the exhibitors own risk. Allman Promotions LLC, Stephen or Judith Allman shall not be liable for any resulting damage or claim.
7. The management will furnish night time security.
8. If show must be cancelled or terminated prior to it's scheduled conclusion the Exhibitor waives any and all claims for damages except for the return of any deposit already paid.
9. Booth rental includes specified tables and electricity. Extra tables are available for \$12, must be paid for and Ordered in advance.
10. No pets are allowed on the premises.

## PLEASE RESERVE

**SINGLE BOOTH** \_\_\_ 10 1/2 ' x 10 1/2 ' or 8' x 13' @ \$275. Includes 3 -8ft tables. Extra tables must be ordered in advance and are \$12 each. **Please** indicate total number of tables you will use in booth \_\_\_

**BOOTH & ONE HALF /** \_\_\_ 10 1/2' x 16' or 8'x 21' @ \$375. Includes 4 -8ft tables. Extra tables must be ordered in advance and are \$12 each. **Please** indicate total number of tables you will use in booth \_\_\_

**DOUBLE BOOTH** \_\_\_ 10 1/2 ' X 21' @ \$475. Includes 6 -8ft tables. Extra tables must be ordered in advance and are \$12 each. **Please** indicate total number of tables you will use in booth \_\_\_

**EXTRA TABLE SIZES & PRICE** \_\_\_ 8'Tables, \_\_\_ 6' @ \$12.00 Each. TOTAL \$ \_\_\_ / \_\_\_ 2 chairs Free. Tables must be ordered and paid for in advance. Please indicate the number and size of tables you will need. Electricity available \_\_\_ 500 watts @ Free!

Please print

Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

How many post cards would you like? \_\_\_\_\_

**PLEASE RETURN THIS CONTRACT. CONFIRMATIONS WILL BE SENT BY MAIL.**

Contact us: [antiqueshowsofflorida.com](http://antiqueshowsofflorida.com) or email [allman@gisco.net](mailto:allman@gisco.net) 239-877-2830

<b>Payment Choice</b> ___ Check to Allman Promotions LLC Credit Card ___ Visa ___ MC ___ Amex ___ Card # _____ Pmt Amt \$ _____ Exp. Date _____ Security Code _____ Billing Address and Zip Code _____ _____ _____
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