



1. CONTRACTING PARTY

Company Name: _____ ("Exhibitor" or "Company")

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Company Email: _____ Website Address: _____

Primary Contact Person: Email: _____

Office Phone: _____ Mobile Phone: _____

BILLING ADDRESS (if different from above)

Company Name: _____ ("Agency" or "Bill to Company")

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

A/P Contact Person: _____ A/P Email: _____

2. AGREEMENT OF RESPONSIBLE PARTIES

The above described Exhibitor hereby agrees with Floriexpo to pay the below described fees on the below noted dates as consideration for its exhibition at Floriexpo ("Event") and to comply with the Conditions Rules and Regulations as set forth in [Exhibit A](#). If the event that an Agency is referenced above, the payment obligations under this Contract shall belong to the Agency exclusively.

3. DEPOSIT

A deposit equaling 50% of the total cost of Exhibition Rate is due upon receipt of invoice in order to reserve your space. Contracts received on or after February 5, 2025 must be accompanied by full payment or paid in full upon receipt of the invoice.

4. PAYMENT TERMS

1.) 50% deposit due upon receipt of invoice.

All payments must be made in U.S. dollars to:

2.) Balance due on or before February 5, 2025

Follow the instructions on invoices and statements carefully to ensure your payment is applied to your account.

CAUTION: Any updates to payment details will ALWAYS be reflected on an official Floriexpo invoice

5. CANCELLATION POLICY

No cancellation is effective unless given in writing by mail to Floriexpo, 13 Burnham Woods Circle, Scarborough, ME USA 04074 or by email to csalmon@floriexpo.com.

Cancellations received by Floriexpo on or before February 5, 2025 shall be subject to a cancellation fee equal to 50% of the total cost of canceled space. Cancellations received by Floriexpo after February 5, 2025 are subject to a cancellation fee equal to 100% of the total cost of canceled space.

All outstanding fees are payable immediately upon cancellation.



Greater Fort Lauderdale / Broward County Convention Center
Fort Lauderdale, FL USA

2025 Exhibit Space Contract STANDARD

Education Day June 4, 2025

Exhibits Jun 5-6, 2025

6. EXHIBITOR RATES (RATES ARE IN \$US)

Cost per Square Foot\$41.00

Total Dimensions: _____ft. x _____ft. = _____sq.ft.

Total sqft _____ **x \$** _____ **/sqft = Total \$** _____

Total Co-exhibitors⁰ _____ **x \$300/ea = Total** ⁰ _____

INCLUDED WITH EACH BOOTH:

- Back (8' high) and side (3' high) rail, draped
- Booth identification sign (7" x 44")
- Basic listing in the Mobile App, and on the official Event Website
- 5 Exhibitor badges per 100 sq. ft. of booth space

For further details on what is included for all booths beyond basic show guide listing and exhibitor badge allotment go to <http://www.floriexpo.com/exhibitor-booth-includes/> or contact your sales representative.

NOTE: No more than two Co-exhibitor companies or brands are permitted per 100 square feet of space. Each will be granted additional listings on the Event Website and Mobile App. All Co-exhibitors must be identified and listed on the Co-exhibitor form and are subject to approval by Diversified in its sole discretion. Additional staff registrations may be purchased at a discounted rate. See Exhibitor Resource Center for details.

GRAND TOTAL

7. AUTHORIZATION

Undersigned on behalf of Exhibitor has reviewed and affirms that Exhibitor shall abide by all Conditions, Rules and Regulations governing the Event as set forth in [Exhibit A](#) located at are included with this Exhibit Space Contract and incorporated by reference. Exhibitor further affirms that acceptance of this Contract by Floriexpo constitutes a legal and binding contract and that undersigned is authorized to bind Exhibitor regarding same.

*Seen and Agreed to on behalf of Exhibitor AND in the event that an Agency is billed, on its own behalf as well.
Contract must be signed & deposit received to secure booth.*

Signature: _____ Individual's Name: _____

Title: _____ Company Name: _____ Date: _____

8. EXHIBITOR REQUESTS TO SHOW ADMINISTRATION – Floriexpo may grant or not in its sole discretion

BOOTH PREFERENCES

We do ***not*** wish to be located adjacent to or directly across from the following companies:

BOOTH LOCATION PREFERENCE: List Booth Numbers

1st choice: 2nd choice: 3rd choice:

9. SHOW ADMINISTRATION USE ONLY

Booth Assigned _____ Dimensions _____ Open Corners _____ Total Square Feet _____