



General Exhibitors Application

Fax: *not an option*

Phone: 214.600.1533 (text for faster response) **or** 469.412.2154 *Spanish*

Email: navarro@navarrogrp.com

Please Print or type, the application must be filled out completely and signed.

Dallas: **October 29, 2022**
 Dallas City Hall
 2:00 p.m. – 10 p.m.

Houston: **November 5, 2022**
 Sam Houston Park
 2:00 p.m. – 10 p.m.

Check those that apply: I will be Exhibiting at: Dallas _____ Houston _____ Both _____

Company/Org Name: _____ Phone: _____

Primary Contact Person: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell (if different than above): _____

<i>EXHIBITOR FEE</i>				
	For-Profits	Non-Profit		
10x10	\$1,000	\$600		\$
10x20	\$1,500	\$1,000		\$
20x20	\$2,500	\$1,500		\$
Market:	Dallas	Houston	Both = above X2	\$
TOTAL:				\$ _____

NEXT STEPS:

- Review all instructions and complete the attached “Check List” and return both with this full application.
 - Full application is this form and attached “Check list”
- The attached “Check List” will detail rental requirements, credentials, hospitality and any and all special accommodations to ensure your participation is successful.
- Approved Exhibitor applications with noted Check List, will then receive an invoice via email to the above contact from DDLM QuickBooks.
- Once the above “Application and Check List” are secured with confirmation of approved participation fee, a “Welcome Kit” will then follow, with all legal waivers, rules and regulations and instructions for the respective “Exhibitor Packet Pick Up” to be held the week prior to the respective main event(s).
- The above “Exhibitor Packet” will include, final floor plan assignments, credentials, parking passes and everything needed to again ensure a successful activation.
- *FYI: Any Sexually Orientated Business and/ or tobacco-affiliated exhibitors of any kind will be automatically declined from participation.*
- Exhibitor fees can be refunded, on a case-by-case basis, pending committee approval; with the understanding that this is a “Rain or Shine” event and that mechanical or staffing issues are void from such refund policy.

Exhibitor Representative Signature: _____

Print Name: _____

Date: _____



General Exhibitor Space Check List

Thank you for participating in the 2022 Dia De Los Muertos Parade and Festival as a General Exhibitor! If all the below is approved, initial as noted, or make notes on the bottom of the form until all is approved.

As an Exhibitor, you are allocated the below:

10X10 Marquee Exhibitor: _____ Initial Here _____

- Maximum of two (2) tables,
- Two (2) chairs,
- Electricity Two (2) 110v outlets,
- One (1) parking pass,
- Two (2) exhibitor credentials.

10X20 Marquee Exhibitor: _____ Initial Here _____

- Maximum of four (4) tables,
- Four (4) chairs,
- Electricity - Two (2) 110v outlets,
- Two (2) parking pass,
- Four (4) exhibitor credentials,
- Two (2) Exhibitor hospitality passes,
- Two (2) VIP Hospitality Passes.

20X20 Marquee Exhibitor: _____ Initial Here _____

- Maximum of eight (8) tables,
- Eight (8) chairs,
- Electricity - Two (2) 110v ++
- Four (4) parking pass,
- Eight (8) exhibitor credentials,
- Four (4) Exhibitor hospitality passes,
- Four (4) VIP Hospitality passes.

Check List Continued:

Preferred Language of Communication: English: _____ Spanish: _____

Description of your activation (in detail) / *Descripción de su participación (en detalle):* _____

Additional Electrical Rental Needs:

Please specify what you will be powering if additional power needs are necessary / *Necesidades de energía adicionales: Por favor especifique para que necesita energía adicional:* _____

Additional Rentals:

If additional rentals are needed, please specify below. All rentals will be sourced by the event producers through our preferred vendor / *Rentas adicionales: Si se necesitan rentas adicionales, especifique. Todas las rentas serán provistos por los productores del evento através de nuestro proveedor preferido.* _____

From Original Application:

Company/Org Name: _____ Phone: _____

Primary Contact Person: _____ Email: _____

Signature: _____ Name: _____ Date: _____