



PROUDLY PRODUCED BY THE NAVARRO GROUP



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General "Pop-Up" Exhibitors

(POP-UP, implies a fully self activated space – no rentals, nor electricity to be provided)

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

Email: navarro@navarrogrp.com or Norma@navarrogrp.com for Spanish

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

Dallas: October 28, 2023 Dallas City Hall 2:00 p.m. – 10 p.m.

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 | \$600 | \$450 | | \$ |
| 10x20 | \$1,100 | \$850 | | \$ |
| 20x20 | N/A | N/A | | \$ |
| Market | Dallas | Houston | Both = above X2 | \$ |
| TOTAL: | | | | \$ |

NEXT STEPS:

- Review all instructions and complete the attached "Check List" and return with this full application.
- "Pop-Up" is defined as self-activated space, with no rentals, nor electricity unless noted and approved on the attached check list – see attached "Check List" - additional costs may apply.
- The attached "Check List" will detail POP-UP Exhibitor requirements, credentials, hospitality and any and all special accommodations to ensure your participation is successful.
 - Approved 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 payment, 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: _____

Pop-Up Exhibitor Space Check List

Thank you for participating in the 2023 Dallas Dia De Los Muertos Parade and Festival as a Pop-Up 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 Pop-Up Exhibitor, you are allocated with only the below:

10X10 Pop-Up Exhibitor: _____ Initial Here _____

- One (1) parking pass,
- Two (2) exhibitor credentials.

10X20 Marquee Exhibitor: _____ Initial Here _____

- Four (4) exhibitor credentials,
- Two (2) Parking Passes,
- Four (4) Exhibitor hospitality passes.

20X20 Exhibitor: _____ N/A _____

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 Cost of: _____

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.* _____

Additional Cost of: _____

From Original Application:

Company/Org Name: _____ Phone: _____

Primary Contact Person: _____ Email: _____

Signature: _____ Name: _____ Date: _____

Official Use Only: _____ Approved by: _____

Additional Fees of: _____ Billed: _____ Payment Received: _____