

WORLD WATERPARK ASSOCIATION

8826 Santa Fe Dr., Suite 310 • Overland Park, KS 66212 U.S.A.
phone: 913.381.6734 • fax: 913.381.6722
e-mail: patty@waterparks.org • website: www.waterparks.org

Exhibit in the waterpark trade show!
We'll be gathering in beautiful Palm Springs, California
October 21-22, 2015.

It's our 35th Anniversary!

The entire event will be held at the
Palm Springs Convention Center, connected to
the Renaissance Hotel -- all nestled among
mountains & palm trees.

An awesome, intimate location,
with the airport just 5 minutes away.

Assignments are considered on a first-come, first-served basis

The booth diagram and the agreement are included here

First assignments to be officially set on March 16

We take great care of our exhibitors by providing lunches daily,
plus parties/receptions for two. Each 10' by 10' foot booth is \$1,595
with a 50% deposit requested with initial reservation.

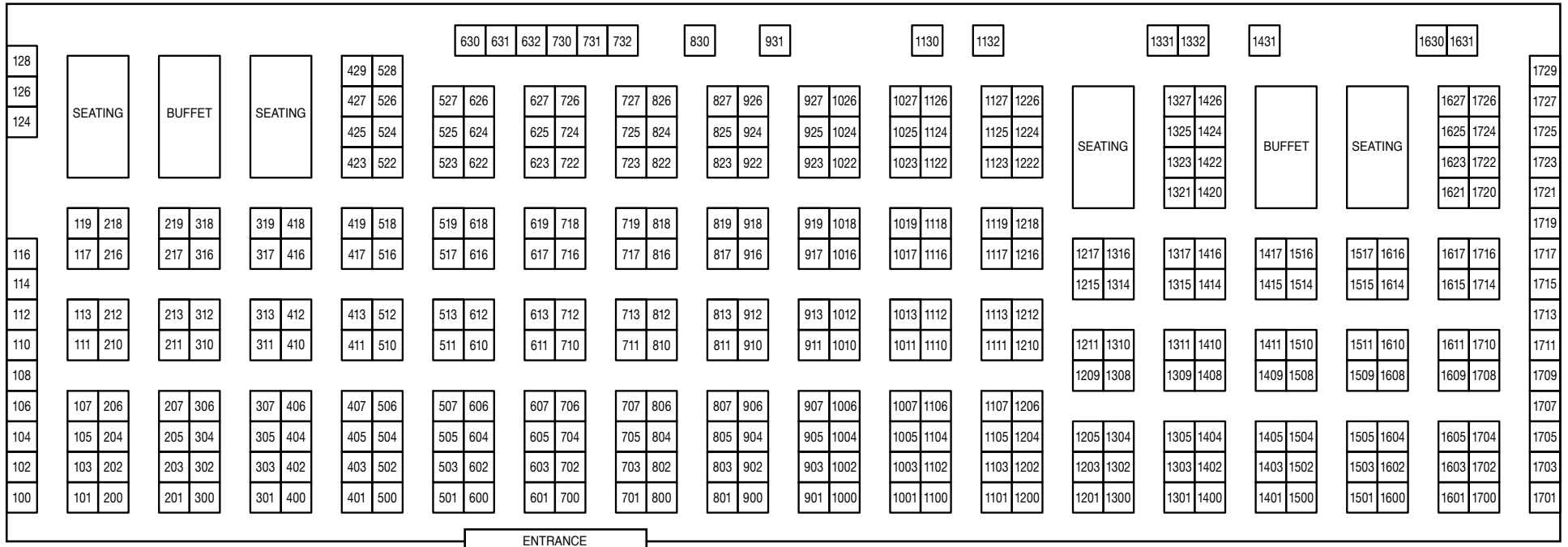
Choose your spots from the diagram,
and return the included agreement today.

Questions, Contact Patty Miller
t) 913-381-6734 f) 913-381-6722
patty@waterparks.org



WORLD WATERPARK ASSOCIATION 35TH ANNUAL TRADE SHOW

Palm Springs Convention Center -
Palm Springs, California
October 21 & 22, 2015



Space reserved on a first-come, first-served basis.
For more information, contact Patty Miller
PHONE: 913-381-6734
FAX: 913-381-6722
EMAIL: patty@waterparks.org



2015 EXHIBIT SPACE AGREEMENT

World Waterpark Association ♦ October 21 & 22 ♦ Palm Springs, Calif. ♦ Palm Springs Convention Center



Please indicate your preferred Exhibit Space Numbers:

1. _____
2. _____
3. _____
4. _____
5. _____

For WWA Use Only
2015 Dues Paid?

Your signature indicates you will accept our best effort and discretion in space assignments. 2015 Booth fees are \$1,595 per 10' x 10' space. This includes luncheons and parties for two representatives of your company per 10' x 10' booth. 50% of the total cost of the space requested must be paid and received with this agreement. Payments are non-refundable and the balance of the booth fee will be invoiced in June. No exhibitor will be allowed to set up until full payment is received.

Print your address as you would like it listed in the Convention Manual:

COMPANY _____
ADDRESS _____
CITY, STATE, ZIP, COUNTRY _____
PHONE _____ FAX _____
E-MAIL _____
WEB SITE _____

REQUIRED:

Person to contact for all items concerning Trade Show:

(Note: The Exhibitor Service Kit will be e-mailed to the address provided below)

NAME _____
PHONE _____ FAX _____
E-MAIL _____

By returning this agreement with required deposit, the exhibitor agrees to abide by rules of the Convention Center and accept space assigned by World Waterpark Association. Exhibitor agrees to obtain and maintain general liability insurance in an amount of no less than \$1 million per incident/occurrence and cover the operations of the exhibitor in the space assigned to the exhibitor. Exhibitor shall provide a Certificate of Insurance naming the World Waterpark Association as a certificate holder. **EXHIBITOR AGREES TO INDEMNIFY AND HOLD HARMLESS WORLD WATERPARK ASSOCIATION FROM ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION THAT MAY BE MADE BY ANYONE FOR INJURIES TO PERSONS OR DAMAGE TO PROPERTY RESULTING FROM ACTS OR OMISSIONS OF EXHIBITOR OR WHICH RESULT FROM EXHIBITOR'S OPERATION OF ITS EXHIBIT, INCLUDING THE LOADING, ASSEMBLY, AND UNLOADING OF EXHIBITOR'S PROPERTY.** Space assigned will be determined by promptness of reply, membership status, WWA exhibition history and number of booths requested. Exhibitor agrees not to erect a structure that obstructs the line of sight to adjacent booths. Exhibitor badges will be issued only to employees or contracted representatives of your company.

SIGNATURE _____ DATE _____

THANKS FOR SUPPORTING YOUR ASSOCIATION!

Please describe your company's products & services for the Convention Manual:

Check here if you would like an opportunity to sponsor an event:

Please list names of personnel for your booth. (We will confirm prior to show.)

1. _____
2. _____
3. _____
4. _____
5. _____

VISA MASTERCARD AMERICAN EXPRESS DISCOVER (Circle one)

CREDIT CARD # _____

EXP. DATE _____ BILLING ZIP CODE _____

NAME ON CARD _____

SIGNATURE _____

Check enclosed



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Please Return the Completed Agreement to Patty Miller

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Web Site: wwashow.org