



March 28th & 29th, 2026 Capital Clubhouse in Waldorf, MD Produced by:
Ultimate Consumer Tradeshows
17450 Indian Head Hwy. Accokeek, MD. 20607
301-710-4693

Booth Options	X	Booth Cost	Exhibitor Information PLEASE WRITE CLEARLY
Hallway Tabletop		\$550	
Outside Booth		\$895	Company Name (as it should be published – Print Clearly):
Rounded Corner		\$995	
8' x 10'		\$1,295	Address:
8' x 20'		\$2,195	
10' x 10'		\$1,395	City: State: Zip Code:
10' x 20'		\$2,295	Business Phone #: Fax:
20' x 20'		\$4,395	Cell #: E-Mail:
*Electricity (upto 5 Amps)		+ \$145	Cell # L-Iviali.
*Electricity (over 5 Amps)		+ \$195	Website:
**Total Du	ue	\$	I am duly authorized to enter into this agreement and personally guarantee that I will hereby agree to abide by all the terms and conditions of this ontract.
electric must be o Wednesday 2pm the v I also understand that a after that time a \$100 la to our electri Pay by Ch	week iny e te fe ic ord neck	of the show. lectric ordered e will be added der.	Signature: Print Name: Title:
Please make checks			Date: Tax ID #:
Ultmate Consumer Tr	ades	snows, LLC	** Total Due: I agree to pay the stated amount in full when billed, or in extended payments in accordance
Credit Card Author	oriza	iπon I hereby	authorize a charge in the amount of \$ +(4% service charge) at this time
			ASTERCARD DISCOVER AMEX Card #: Exp Date:
Company Name:			Exp Date:
Company Name:			Exp Date: Security Code:
Company Name:			Exp Date: Security Code:
Company Name: Card Holders Name: City: Invoice#:		State: Date	Exp Date: Security Code: Zip Code: ** Total Due: I agree to pay the stated amount in full when billed, or in extended payments
Company Name: Card Holders Name: City: Invoice#: Signature of Card Hold	der:	State: Date	Exp Date: Security Code: Zip Code: ** Total Due: I agree to pay the stated amount in full when billed, or in extended payments in accordance
Company Name: Card Holders Name: City: Invoice#:	oth:	1. It is ag 2. It is ag 3. Only t 4. Show 5. Co-Exl eby 7. ANY la 8. The explicit of the property of the prope	Exp Date: Security Code: Zip Code: ** Total Due: I agree to pay the stated amount in full when billed, or in extended payments

** Total Due: I agree to pay the stated amount in full when billed, or in extended payments in accordance