

Application For Space 2009

6th Annual SAN DIEGO YACHT and BOAT SHOW

July 23-26, 2009 • Sheraton Hotel Marina, Harbor Island & Cancer Survivors Park

1. REQUEST FOR SPACE (Not a Contract): Please reserve space as indicated below at the 2009 San Diego Yacht and Boat Show, July 23-26, 2009.

I agree to man, staff and/or have a representative in attendance at my space and/or booth during all boat show hours. Please initial here.....

I agree to supply a valid certificate of insurance with needed additional insureds as required by show management. Please initial here.....

IN-THE-WATER - New Boats

(new, power & sail, minimum 23-foot and larger)

Member Space Rate: \$3.25 per square foot*

Non-Member Space Rate: \$4.00 per square foot*

*(Please remember to remit an additional \$50 with your total space cost for the "Grow Boating" fund.)

Total sq. ft. Requested: _____

Total Number of Boats: _____

1st Choice Location: _____

2nd Choice Location: _____

(*In-Water Space Rate does not include electrical power.)

IN-THE-WATER - Brokerage Boats

(Brokerage, power & sail, minimum 23-feet and larger)

Member Space Rate : \$32.00 per linear foot*

Non-Member Space Rate: \$36.00 per linear foot*

*(Please remember to remit an additional \$50 with your total space cost for the "Grow Boating" fund.)

Total linear ft. Requested: _____

Total Number of Boats: _____

1st Choice Location: _____

2nd Choice Location: _____

ON-LAND BULK SPACE

(Boats, trailers, engines, act.)

Member Space Rate: \$4.25 per square foot

Non-Member Space Rate: \$5.50 per square foot

*(Please remember to remit an additional \$50 with your total space cost for the "Grow Boating" fund.)

Total sq. ft. Requested: _____

1st Choice Location: _____

2nd Choice Location: _____

BOOTH SPACE (10' x 10") INCLUDES CANOPY

(Marine accessories and services)

Member Space Rate: \$700.00 (per standard 10' x 10')

Non-Member Space Rate: \$900.00 (per standard 10' x 10')

*(Please remember to remit an additional \$25 with your total space cost for the "Grow Boating" fund.)

Total Booths Requested: _____

1st Choice Location: _____

2nd Choice Location: _____

ON-WATER DOCK OFFICE

\$1000.00 each (includes canopy and carpet) Total Dock Offices Requested _____

2. PAYMENT OF DEPOSIT:

Attach to this application a check for 25% of the cost of the total space requested. If assigned, the undersigned agrees to pay the balance of the total space costs due upon returning signed space contract which must be ON OR BEFORE July 6, 2009. **MAKE CHECKS PAYABLE TO SCMA IN U.S. FUNDS THROUGH A U.S. BANK ONLY.**

PLEASE PRINT CLEARLY OR TYPE

Firm Name _____ Phone (_____) _____

Address _____ Street _____ City _____ State _____ Zip Code + 4 _____

Signed _____ Fax (_____) _____

Title (Printed) _____ E-Mail: _____

Send Show Mail Attention Of: _____

25% deposit included: CK. # _____ For \$ _____

SEE IMPORTANT SELLER'S PERMIT QUESTIONNAIRE ON REVERSE SIDE

BOAT LINE(S) TO BE DISPLAYED

APPLICATION DEADLINE with DEPOSIT - May 15, 2009

Applications received by May 15, 2009, with deposit will qualify for first assignment of space. Applications without deposit or received after deadline will be assigned after first allocation of space.

Complete application, sign, and return to:
Southern California Marine Association, Inc.
 1006 East Chapman Avenue, Orange, CA 92866-2111
 Telephone: (714) 633-7581 • FAX: (714) 633-9498
KEEP A COPY FOR YOUR RECORDS

3. Assignment of Space:

- (A) Please attach note/letter to this application outlining in detail any specific requests or choices for booth or bulk space that you wish to explain.
- (B) If this application is accepted, the applicant understands that the show committee reserves the right to allocate space in such manner as to produce a balanced show, keeping in mind that the general attractiveness of the show adds to its spectator appeal. Show committee also reserves the right to refuse any application that does not qualify as a marine product in the committee's opinion. In this case all the deposits submitted with this application will be returned to applicant.
- (C) All deposits subject to \$100.00 refund fee if canceled, after May 15, 2009, if space is assigned. No refund of any payments after July 6, 2009.
- (D) **GROW BOATING FUND** The money collected from our exhibitors will be deposited into a separate account and will be used exclusively for the Grow Boating Campaign.

PLEASE INDICATE ON THE REVERSE SIDE PRODUCTS TO BE EXHIBITED

THIS AREA IS FOR OFFICE USE ONLY				YEARS IN SHOW	NO. YEARS MEMBER	2009 DUES PAID	
SPACE ASSIGNED	DIMENSIONS	TOTAL SQ. FT.	RATE SQ. FT.	TOTAL COST	PAID	DATE	BALANCE

(Reverse Side Must Be Completed)

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IMPORTANT...The Following Information **MUST BE** Supplied Before This Application Will Be Accepted

CALIFORNIA SELLER'S PERMIT NO. _____

NAME IN WHICH ABOVE NUMBER IS ISSUED _____

ADDRESS SHOWN ON PERMIT _____

CITY _____ STATE _____ ZIP+4 _____

PHONE () _____ FAX () _____

Attach a photo copy of your seller's permit to this application. A copy of this permit also must be available in your space at the show for inspection by officials of California State Board of Equalization.

BOAT EXHIBITORS

BOAT BRAND NAME	LOA	BEAM	POWER	SAIL	Height of Main Deck From Showroom Floor	Height of Mast From Showroom Floor	Will Be Exhibited On		TRUCK LINE
							On-Land	In-Water	

BOOTH SPACE EXHIBITORS

General classification of products such as electronic, hardware, instruments, inboard engines, yacht clothing, paint, engine parts, tanks, pumps, etc.

NOTE: A COMPLETE LIST OF PRODUCTS WITH BRAND NAMES IS ESSENTIAL FOR PROPER EXHIBITOR DIRECTORY LISTING.

DIRECTORY LISTING

Please indicate in the space below the exact manner in which you wish your exhibit to be listed in the 2009 San Diego Yacht and Boat Show Directory. Be sure that the spelling and wording are shown just as you wish them to appear.

Name of Company _____

Street Address _____

City _____ State _____ Zip+4 _____

Phone () _____ Fax () _____

Category (see listing below) _____

**MARINE DEALER • MARINE DISTRIBUTOR • MANUFACTURER'S REPRESENTATIVE
MARINE JOBBER OR WHOLESALER • MANUFACTURER • OTHER (Please Specify)**