

# BAY AREA TRI-COUNTY HOME & OUTDOOR LIVING EXPO

CONNECT • SHOWCASE • GROW



THE BAY AREA'S  
**BIGGEST**  
HOME & OUTDOOR  
EVENT!

## EXHIBITOR SPACE Application



SEPTEMBER  
19-20, 2026



SANTA CLARA COUNTY  
FAIRGROUNDS  
344 TULLY ROAD  
SAN JOSE, CA 95111

### 1 COMPANY INFORMATION

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Business Description (For Expo Directory - 30 words or less)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2 BOOTH SELECTION

#### COMMERCIAL BOOTH OPTIONS

Select your booth size:

- 10' x 10' \$1,495
- 10' x 20' \$2,750
- 20' x 20' \$4,500
- LARGER BOOTHS Available Upon Request

**CORNER  
PREMIUM  
HIGH TRAFFIC  
ADD-ON  
+\$300**

### 3 PREMIUM ADD-ONS

Select any add-ons you would like:

- Corner Premium (High Traffic) + \$300
- Island Add-On + \$300
- Entrance Premium Placement + \$400
- Electricity Add-On + \$150

### 4 BOOTH INCLUDES



**Pipe & Drape**  
8' Backwall &  
3' Sidewalls



**Table & Chairs**  
1 Drape Table  
& 2 Chairs



**Security**  
On-Site Security  
During Show Hours



**Exhibitor Badges**  
For Your  
Team



**Complimentary  
Tickets**  
Tickets to Give  
Out to Customers



**Marketing  
Support**  
Event Promotion  
& Exposure

### 6 PRODUCTS / SERVICES

Please list the products/services you will be showcasing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 7 TERMS & AGREEMENT

I have read, understand, and agree to the rules and regulations of the Bay Area Tri-County Home & Outdoor Living Expo. I agree to abide by all show policies and deadlines.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

### 5 PAYMENT INFORMATION

Booth Total \$ \_\_\_\_\_

Add-Ons Total \$ \_\_\_\_\_

**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

#### PAYMENT METHOD: (Select One)

Payment Link (Preferred)  
An invoice with a secure payment link will be emailed to you after we receive your application.

Credit Card (Fill out information below)

Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EASY. SECURE.  
CONVENIENT.**

Pay online  
anytime!

**COMPLETE**  
Fill out this application  
in full.

**SUBMIT**  
Email your completed  
application.

**CONFIRMATION**  
We'll contact you  
with next steps!