



Application

45th ANNUAL "CHRISTMAS MADE IN THE SOUTH®"
OCTOBER 23-25, 2026
CABARRUS ARENA & EVENTS CENTER, GREATER CHARLOTTE, N.C.

Exhibitor Name: _____ Date: _____
Business Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Media category: _____
Email address: _____ ☐ Address or phone # has changed
Electricity: ☐ Yes ☐ No ☐ 0-500 WATTS \$60.00 ☐ 501-1000 WATTS \$80.00 ☐ 1001-1500 WATTS \$100.00
Tables (\$15.00 each) _____ Chairs (\$5.00 each) _____ Will you require lodging? ☐ Yes ☐ No
Booth size: ☐ 10' x 10' \$400 ☐ 10' x 20' \$800 ☐ 10' x 30' \$1200 ☐ Corner space add \$80 (if available)

List in show program as: “ _____ ”

List any other shows you participate in on reverse side of this form. (Applies to new applicants only)

☐ Send a credit card invoice to the email listed above. 3% fee for this option.

☐ Enclosed is my check made payable to CAROLINA SHOWS, INC. for \$_____. Balance due \$_____ 60 days prior to this show. I (we) the applicant(s), do expressly release the Producer, Carolina Shows, Inc., of and from any and all liability for any damage, injury, or loss to any person or goods which may arise from the rental of said space by the exhibitor, and agree to hold and save the producer harmless of any damage by reason thereof. In addition, I have read and understand all information and rules in the show schedule.

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(Not Valid Unless Signed) Signature _____

DO NOT WRITE BELOW

Date: _____ \$ _____

Check # _____

Date: _____ \$ _____

Check # _____

Booth # _____



Application

35th ANNUAL "CHRISTMAS MADE IN THE SOUTH®"
OCTOBER 30 - NOVEMBER 1, 2026
COLUMBUS CONVENTION AND TRADE CENTER, COLUMBUS, GA.

Exhibitor Name: _____ Date: _____
Business Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Media category: _____
Email address: _____ ☐ Address or phone # has changed
Electricity: ☐ Yes ☐ No ☐ 0-500 WATTS \$60.00 ☐ 501-1000 WATTS \$80.00 ☐ 1001-1500 WATTS \$100.00
Tables (\$15.00 each) _____ Chairs (\$5.00 each) _____ Will you require lodging? ☐ Yes ☐ No
Booth size: ☐ 6' x 14' \$400 ☐ 8' x 10' \$400 ☐ 8' x 20' \$800 ☐ 8' x 30' \$1200 ☐ Corner space add \$80 (if available)

List in show program as: “ _____ ”

List any other shows you participate in on reverse side of this form. (Applies to new applicants only)

☐ Send a credit card invoice to the email listed above. 3% fee for this option.

☐ Enclosed is my check made payable to CAROLINA SHOWS, INC. for \$_____. Balance due \$_____ 60 days prior to this show. I (we) the applicant(s), do expressly release the Producer, Carolina Shows, Inc., of and from any and all liability for any damage, injury, or loss to any person or goods which may arise from the rental of said space by the exhibitor, and agree to hold and save the producer harmless of any damage by reason thereof. In addition, I have read and understand all information and rules in the show schedule.

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(Not Valid Unless Signed) Signature _____

DO NOT WRITE BELOW

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Check # _____

Date: _____ \$ _____

Check # _____

Booth # _____



Application

33rd ANNUAL "CHRISTMAS MADE IN THE SOUTH®"
NOVEMBER 6-8, 2026
MACON CENTREPLEX, MACON, GA.

Exhibitor Name: _____ Date: _____
Business Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Media category: _____
Email address: _____ ☐ Address or phone # has changed
Electricity: ☐ Yes ☐ No ☐ 0-500 WATTS \$60.00 ☐ 501-1000 WATTS \$80.00 ☐ 1001-1500 WATTS \$100.00
Tables (\$15.00 each) _____ Chairs (\$5.00 each) _____ Will you require lodging? ☐ Yes ☐ No
Booth size: ☐ 10' x 10' \$400 ☐ 10' x 20' \$800 ☐ 10' x 30' \$1200 ☐ Corner space add \$80 (if available)

List in show program as: “ _____ ”

List any other shows you participate in on reverse side of this form. (Applies to new applicants only)

☐ Send a credit card invoice to the email listed above. 3% fee for this option.

☐ Enclosed is my check made payable to CAROLINA SHOWS, INC. for \$_____. Balance due \$_____ 60 days prior to this show. I (we) the applicant(s), do expressly release the Producer, Carolina Shows, Inc., of and from any and all liability for any damage, injury, or loss to any person or goods which may arise from the rental of said space by the exhibitor, and agree to hold and save the producer harmless of any damage by reason thereof. In addition, I have read and understand all information and rules in the show schedule.

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(Not Valid Unless Signed) Signature _____

DO NOT WRITE BELOW

Date: _____ \$ _____

Check # _____

Date: _____ \$ _____

Check # _____

Booth # _____



Application

37th ANNUAL "CHRISTMAS MADE IN THE SOUTH®"
NOVEMBER 13-15, 2026
SAVANNAH CONVENTION CENTER, SAVANNAH, GA.

Exhibitor Name: _____ Date: _____
Business Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Media category: _____
Email address: _____ ☐ Address or phone # has changed

Electricity: You must go to SAVTCC.COM & order online to receive advanced rate.

Tables (\$15.00 each) _____ Chairs (\$5.00 each) _____ Will you require lodging? ☐ Yes ☐ No
Booth size: ☐ 10' x 10' \$450 ☐ 10' x 20' \$900 ☐ 10' x 30' \$1350 ☐ Corner space add \$80 (if available)

List in show program as: “ _____ ”

List any other shows you participate in on reverse side of this form. (Applies to new applicants only)

☐ Send a credit card invoice to the email listed above. 3% fee for this option.

☐ Enclosed is my check made payable to CAROLINA SHOWS, INC. for \$ _____. Balance due \$ _____ 60 days prior to this show. I (we) the applicant(s), do expressly release the Producer, Carolina Shows, Inc., of and from any and all liability for any damage, injury, or loss to any person or goods which may arise from the rental of said space by the exhibitor, and agree to hold and save the producer harmless of any damage by reason thereof. In addition, I have read and understand all information and rules in the show schedule.

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(Not Valid Unless Signed) Signature _____

DO NOT WRITE BELOW

Date: _____ \$ _____

Check # _____

Date: _____ \$ _____

Check # _____

Booth # _____



Application

37th ANNUAL "CHRISTMAS MADE IN THE SOUTH®"
NOVEMBER 27-29, 2026
PRIME OSBORN CONVENTION CENTER, JACKSONVILLE, FL.

Exhibitor Name: _____ Date: _____
Business Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Media category: _____
Email address: _____ ☐ Address or phone # has changed

Electricity & Parking: Go to CONVENTIONCENTER.JAXEVENTS.COM and click PLANNERS

Tables (\$15.00 each) _____ Chairs (\$5.00 each) _____ Will you require lodging? ☐ Yes ☐ No
Booth size: ☐ 10' x 10' \$400 ☐ 10' x 20' \$800 ☐ 10' x 30' \$1200 ☐ Corner space add \$80 (if available)

List in show program as: “ _____ ”

List any other shows you participate in on reverse side of this form. (Applies to new applicants only)

☐ Send a credit card invoice to the email listed above. 3% fee for this option.

☐ Enclosed is my check made payable to CAROLINA SHOWS, INC. for \$ _____. Balance due \$ _____ 60 days prior to this show. I (we) the applicant(s), do expressly release the Producer, Carolina Shows, Inc., of and from any and all liability for any damage, injury, or loss to any person or goods which may arise from the rental of said space by the exhibitor, and agree to hold and save the producer harmless of any damage by reason thereof. In addition, I have read and understand all information and rules in the show schedule.

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(Not Valid Unless Signed) Signature _____

DO NOT WRITE BELOW

Date: _____ \$ _____

Check # _____

Date: _____ \$ _____

Check # _____

Booth # _____



Application

33rd ANNUAL "CHRISTMAS MADE IN THE SOUTH®"
DECEMBER 4-6, 2026
EXCHANGE PARK, CHARLESTON, S.C.

Exhibitor Name: _____ Date: _____
Business Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Media category: _____
Email address: _____ ☐ Address or phone # has changed

Electricity: ☐ Yes ☐ No ☐ 0-500 WATTS \$60.00 ☐ 501-1000 WATTS \$80.00 ☐ 1001-1500 WATTS \$100.00

Tables (\$15.00 each) _____ Chairs (\$5.00 each) _____ Will you require lodging? ☐ Yes ☐ No ☐ OUTSIDE TENT \$200
Booth size: ☐ 8' x 10' \$400 ☐ 8' x 20' \$800 ☐ Corner space add \$80 (if available) ☐ OUTSIDE FOOD \$250

List in show program as: “ _____ ”

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☐ Enclosed is my check made payable to CAROLINA SHOWS, INC. for \$ _____. Balance due \$ _____ 60 days prior to this show. I (we) the applicant(s), do expressly release the Producer, Carolina Shows, Inc., of and from any and all liability for any damage, injury, or loss to any person or goods which may arise from the rental of said space by the exhibitor, and agree to hold and save the producer harmless of any damage by reason thereof. In addition, I have read and understand all information and rules in the show schedule.

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(Not Valid Unless Signed) Signature _____

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Date: _____ \$ _____

Check # _____

Date: _____ \$ _____

Check # _____

Booth # _____