

pplication

44th ANNUAL "CHRISTMAS MADE IN THE SOUTH®" **OCTOBER 24-26, 2025**

CABARRUS ARENA & EVENTS CENTER. GREATER CHARLOTTE. N.C.

· · · · ·	
Exhibitor Name: Date:	Check #
Business Name:	
Address:Phone:	
City: State: Zip:	Date: \$
Media category:	Check #
E-mail address: Address or phone # has changed	
Electricity: 🗆 Yes 🖾 No 🖾 0-500 WATTS \$60.00 🖾 501-1000 WATTS \$80.00 🖾 1001-1500 WATTS \$100.00	Booth #
Tables (\$15.00 each) Chairs (\$5.00 each) Will you require lodging? 🛛 Yes 🖓 No	
Booth size: \Box 10' x 10' \$400 \Box 10' x 20' \$800 \Box 10' x 30' \$1200 \Box Corner space add \$70 (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)

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.

Please mail me a free advertising packet

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(Not Valid Unless Signed) Signature



34th ANNUAL "CHRISTMAS MADE IN THE SOUTH®" Application **OCTOBER 31 - NOVEMBER 2, 2025**

DO NOT WRITE BELOW

COLUMBUS CONVENTION AND TRADE CENTER, COLUMBUS, GA.

	Deter	
Exhibitor Name:	Date:	Check #
Business Name:		
Address:	Phone:	Deter
City:	State: Zip:	Date:\$
Media category:		Check #
E-mail address:		
Electricity: 🗆 Yes 🔲 No 🗇 0-500 WATTS \$60.00 🗇 501-1000 WATTS \$80.00 🗇 1001-1500		Booth #
Tables (\$15.00 each) Chairs (\$5.00 each) Will you require lodging?	P 🗆 Yes 🗆 No	
Booth size: 🗆 6' x 14' \$ 380 🗆 8' x 10' \$380 🗆 8' x 20' \$ 760 🗆 8' x 30' \$114	0 Corner space add \$70 (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)

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. Please mail me a free advertising packet

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Application

32nd ANNUAL "CHRISTMAS MADE IN THE SOUTH®" **NOVEMBER 7-9, 2025**

DO NOT WRITE BELOW

Date: _____ \$ ___

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MACON CENTREPLEX, MACON, GA.		Date:	\$
hibitor Name: Date:		Check #	
usiness Name:			
ddress:Phone:		Date:	¢
	Zip:	Duie.	Ŷ
edia category:		Check #	
	ohone # has changed		
ectricity: 🗆 Yes 🗇 No 🗇 0-500 WATTS \$60.00 🗇 501-1000 WATTS \$80.00 🗇 1001-1500 WATTS \$100.00		Booth #	
ıbles (\$15.00 each) Chairs (\$5.00 each) Will you require lodging? 🛛 Yes 🗆]No		
ooth size: 🗌 10' x 10' \$400 🔲 10' x 20' \$800 🗌 10' x 30' \$1,200 🗌 Corner space	e add \$70 (if available)		
st in show program as:"	п		

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

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. Please mail me a free advertising packet

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36th ANNUAL "CHRISTMAS MADE IN THE SOUTH®" **NOVEMBER 21-23 2025** SAVANNAH CONVENTION CENTER, SAVANNAH, GA

DO NOT WRITE BELOW

	<u>ч</u> .	Date:	\$
Exhibitor Name:Date:		Check #	_
Business Name:			
Address:Phone:		Date:	s
City: State: Zip:			. •
Media category:		Check #	_
E-mail address: Address or phone # has cha	anged		
Electricity: You must go to SAVTCC.COM & order online to receive advanced rate.		Booth #	
Tables (\$15.00 each) Chairs (\$5.00 each) Will you require lodging? 🛛 Yes 🔲 No			
Booth size: □10' x 10' \$440 □10' x 20' \$880 □10' x 30' \$1320 □ Corner space add \$70 (if avai	ilable)		

List in show program as: "___

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

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. Please mail me a free advertising packet

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Application

NOVEMBER 28-30, 2025 PRIME OSBORN CONVENTION CENTER, JACKSONVILLE, FL.

36th ANNUAL "CHRISTMAS MADE IN THE SOUTH®"

DO NOT WRITE BELOW

\$

Date:

xhibitor Name:	Date:	Check #
usiness Name:		
ddress:	Phone:	Data
City:	State: Zip:	Date: \$
ledia category:		Check #
-mail address:	_ 🗌 Address or phone # has changed	
lectricity & Parking: Go to PRIMEFOSBORN.COM and click EVENTS SERVICES		Booth #
ables (\$15.00 each) Chairs (\$5.00 each) Will you require lodging?	🗆 Yes 🔲 No	
ooth size: □ 10' x 10' \$400 □ 10' x 20' \$800 □ Corner space add \$70) (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)

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. Please mail me a free advertising packet

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32nd ANNUAL "CHRISTMAS MADE IN THE SOUTH®" Application

DECEMBER 5-7. 2025

DO NOT WRITE BELOW

EXCHANGE PARK, CHARLESTON, S.C.	Date: \$
xhibitor Name: Date:	Check #
Business Name:	
Address:Phone:	Detai
City: State: Zip:	Date: \$
Nedia category:	Check #
-mail address: Address or phone # has changed	
lectricity: 🗆 Yes 🔲 No 📋 0-500 WATTS \$60.00 📋 501-1000 WATTS \$80.00 📋 1001-1500 WATTS \$100.00	Booth #
ables (\$15.00 each) Chairs (\$5.00 each) Will you require lodging? 🗆 Yes 🛛 No 🔹 OUTSIDE TENT \$190	
looth size: □ 8' x 10' \$380 □ 8' x 20' \$760 □ Corner space add \$70 (if available) □ OUTSIDE FOOD \$250	

List in show program as: "___

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

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. Please mail me a free advertising packet

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