

Request for space at the
March

International Sugarbeet Institute

Company Information			
Company:			
Contact Person:		Phone #	
Address:	City	State/Zip	
Email Address:			

	Space Description	Total
	Please check if New Vendor and have never displayed at the ISBI show <input checked="" type="checkbox"/>	
	(1) 8' X 10' booth	
	(2) Adjacent 8' X 10' booths	
	Inside Space _____ D X _____ W <i>Available in 20', 40' & 50' Smallest space 20'x20'</i>	
	Outside Space	
Total Owed		\$
<u>Full payment</u> for ALL EXHIBITORS must be received no later than		

Check Payable to: Sugarbeet Institute Mail To: Mohamed Khan Extension Plant Pathology NDSU Dept 7160 P.O. Box 6050 Fargo, ND 58108-6050	Amount Enclosed: \$ _____ ND Sales Tax Number (Required) _____ (If Applicable) Certificate of Liability Insurance enclosed _____ (Please see below*)
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What will be exhibited? Be as Specific as Possible:

Items not specifically listed and accurately described will not be exhibited

***Certificate of Liability Insurance required**

Exhibitor agrees the International Sugarbeet Institute and the Alerus Center will be held harmless and will not be held responsible for any loss, damage, expense, cost, charges, liability, claims and demand occurring or resulting from actions or omissions by the Exhibitor in conjunction with the International Sugarbeet Institute. Exhibitor agrees to maintain in effect for the period of this agreement property insurance, as well as commercial general liability insurance and automobile liability insurance with minimum limits of liability of one million dollars (\$1,000,000.00) per occurrence, for its exhibit and agrees to provide as proof a Certificate of Liability Insurance to the International Sugarbeet Institute naming the International Sugarbeet Institute, the Red River Valley Sugarbeet Growers Association and Alerus as additional insured. Exhibitor agrees to comply with all rules and regulations of the Alerus Center.