

**South Carolina State Council Services**

**Exhibitor Space Agreement  
5510 Stone Crossing Dr.  
Winston Salem, NC 27104**

Direct all inquiries to:  
**Marviette Usher  
Exhibits Manager  
exbydesign@gmail.com**

Business/Organization Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of product(s) to be sold, displayed, distributed:

\_\_\_\_\_  
\_\_\_\_\_

LIABILITY: Exhibitor assumes the entire responsibility and hereby agrees to indemnify and hold harmless the South Carolina State Council, Inc. and its officers against all claims, losses and damages to persons or property, charges or fines and attorney fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or a part thereof. In addition, Exhibitor acknowledges that the South Carolina State Council, Inc. does not maintain business interruption and/or property damage insurance covering such losses by Exhibitor.

MEMORANDUM OF UNDERSTANDING: This conference is not designed for wholesale activity, therefore we reserve the right to refuse participation, or at any point in the Council ask a participating Exhibitor to leave the premises for ANY actions or operations we deem inappropriate/unacceptable.

No refunds will be made on cancellations of exhibit space received during the week of the Council. Please make check or money orders payable to: South Carolina State Council or Credit Card Services available online

Contact Marviette Usher for vending schedule.

SIGNING BELOW INDICATES: Exhibitor has read, understands and agrees to the terms and conditions listed in this South Carolina State Council Vendor/Exhibit Space Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

SCSC Representative: \_\_\_\_\_