Nightclub&Bar Convention and Trade Show
MARCH 12-14, 2012 • LAS VEGAS CONVENTION CENTER

SHOW SI INSURANCE

CERTIFICATE DUE BY FEBRUARY 10, 2012
FAX: 440.815.2266
Email: Questex@showinsurance.com

INSURANCE REGISTRATION FORM

Each exhibitor can register online at www.showinsurance.com or mail/fax this form with payment to **Show Insurance, Inc.* Make Check Payable to:** Show Insurance Inc.

		Mail / Fax	Online Discount
General Liability Insurance	**Prior to 02/10/12**	**$110**	**$100**
	After 02/10/12	**$125**	**$115**
	After 02/24/12	**$175**	**$150**
Liquor Liability Insurance	**-With General Liability ADD:**	**$150**	**$150**
Liquor Liability Insurance	**- Liquor Liability ONLY**	**$200**	**$200**

(Circle Coverage Required and Note Total $ in Method of Payment Box Below)

COMPANY INFORMATION

Exhibiting Company Name:_____ Booth Numbers:_____

Address:_____

City:_____ State:_____

Country:_____ Zip:_____

Telephone:_____ Fax:_____

E-Mail Address:_____

METHOD OF PAYMENT

BY SIGNING BELOW YOU AUTHORIZE SHOWINSURANCE.COM TO CHARGE YOUR CREDIT CARD

Company Check Payable to: Show Insurance Inc. Checks must be in U.S. funds drawn against a U.S. Bank.

Payment Form: (circle one) Check American Express MasterCard Visa

Card Number |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Expiration Date |___|___|-___|___|-___|___|___|___| CVV/CVC/CID Code_____

Cardholder Name (Print):_____

Signature:_____

Cardholder Address if different than above:_____

_____

Authorized Amount: $_____

Phone 440-349-6650 **Fax** to 440.815.2266 or **Mail** this form with payment to
Show Insurance Inc, 30285 Bruce Industrial Parkway, Suite B, Solon, Ohio 44139