



Promotional Marketing Assistance  
exhibit show professionals

**Cordially Invites you to participate in our Spring**

# **Bridal Show**

**February 5<sup>th</sup> & 6<sup>th</sup>, 2011**

**At Great Lakes Mall  
Mentor, Ohio**

## **Exhibitor Benefits**

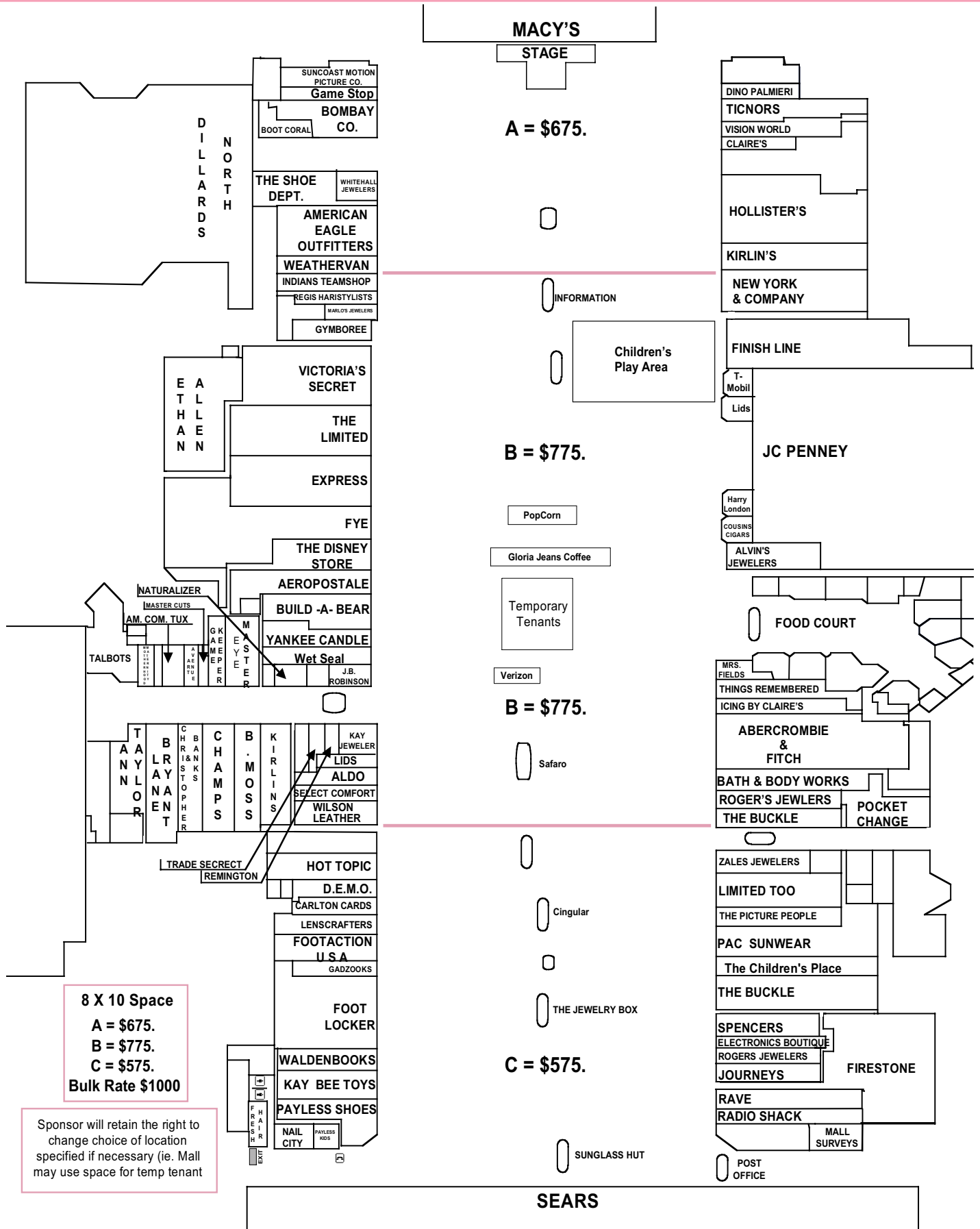
- \* **Meet with Hundreds of Brides to Be**
- \* **Expand your customer base**
- \* **Build product awareness**
- \* **Sell Products and Services**
- \* **Target Marketing**
- \* **Networking Opportunities**

**Ask About Our  
Additional Services:  
Graphic Design, Print &  
Website Solutions**



# Great Lakes Mall

## Mentor, Ohio



**8 X 10 Space**  
**A = \$675.**  
**B = \$775.**  
**C = \$575.**  
**Bulk Rate \$1000**

Sponsor will retain the right to change choice of location specified if necessary (ie. Mall may use space for temp tenant)



**Sign-up Today  
for PMA's Spring  
Bridal Show**

**Saturday, February 5<sup>th</sup> & Sunday, February 6<sup>th</sup>**

**Exhibit Spaces Start at \$575 – First Come, First Serve**

**Booth Setup – Friday, February 4<sup>th</sup> at 9:30<sup>pm</sup>**

**Exhibit Space Includes:**

- \* 8'x10' Booth Space with Electrical Access
- \* 1 Fully Skirted Table and 2 Chairs
- \* Complete Bridal Registry List
- \* Fashion Show at 2:00 Saturday & Sunday
- \* Acknowledgement in Show Program
- \* Networking Opportunities

**For exhibit space please call**

**Kelly at 440.572.4639**

**Cell 216.262.8077**

**[www.exhibitshows.com](http://www.exhibitshows.com)**



**Call to get details on  
GRAB BAG'S**







Promotional Marketing Assistance  
exhibit show professionals

**Make check payable to:**  
PMA, Inc.  
P.O. Box 926 Medina, Ohio 44258  
Office- 440.572.4639  
Fax-888.335.8981

**Great Lakes Mall Bridal Show**

. February 5<sup>th</sup> & 6<sup>th</sup>, 2011

**Payment & Contact Information continued**

**Company Name** \_\_\_\_\_ **Product/Service** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Web Address** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Emergency Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Authorized Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
By: (Print Name and Title) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of PMA Inc. Agent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
By: (Print Name and Title) \_\_\_\_\_ Date \_\_\_\_\_

Exhibitor agrees to provide Producer a Visa or MasterCard credit card number. Exhibitor further agrees that if they do not pay Producer the balance of fees due within two weeks prior to show date, Exhibitor gives Producer permission to put the balance of their fees on said Visa or MasterCard. Initial here: \_\_\_\_\_

**PAYMENT INFORMATION**

TOTAL AMOUNT \$ \_\_\_\_\_ DEPOSIT OF \$ \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CHECK # \_\_\_\_\_

V-M/C-D # \_\_\_\_\_ EXP. \_\_\_\_/\_\_\_\_ THREE DIGIT SECURITY # \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_