Agreement for Lease of Space in the  
2013 Tack Swap Meet  
IEC Center Indoor Arena

This Agreement is entered into on, by and between Kirkwood Community College Horse Science (the “ORGANIZER”), and __________________________ ("EXHIBITOR").

ORGANIZER and EXHIBITOR hereby agree as follows:

1. Event. Subject to the terms and conditions of this Agreement, ORGANIZER leases to EXHIBITOR the booth space described in Section 2 of this Agreement for the 2013 Tack Swap Meet to be held Saturday January 5, 2013 at the IEC Indoor Arena for the Tack Swap Meet:

2. Booth Space. EXHIBITOR agrees to lease ___ (number of booths) booth(s) at the agreed upon price of $20 for a 10x10 space . Tables with 2 chairs are available for $10/ea (number needed). EXHIBITOR assumes all other costs such as additional lighting, signage, carpeting, etc. The leased booth space shall be used exclusively by exhibitor.

3. Booth Selection subject to availability

4. Failure to Occupy Leased Booths. EXHIBITOR agrees to occupy the leased booths for the full duration of the EVENT. If EXHIBITOR does not occupy the leased booths for the EVENT they are responsible for the full rental fee.

5. Notice of Cancellation. If EXHIBITOR desires to cancel this Agreement, EXHIBITOR shall notify ORGANIZER of its desire to do so at least 15 days prior to the EVENT. If EXHIBITOR cancels this Agreement without providing 15 days advance notice, EXHIBITOR shall pay full booth space cost.

6. Set Up and Take Down. EXHIBITORS are encouraged to set up from 12:00 PM to 10:00 PM on Friday, January 4 EXHIBITOR must have their space set up by 7:00 AM Saturday January 5 Booths not to be dismantled before 5:00 PM Saturday January 5, 2013

7. Entire Agreement. This Agreement contains the entire understanding of the parties and no oral or other representation not contained herein shall be binding upon the parties hereto.
8. Interpretation of Agreement. In the event of disagreement regarding the meaning or interpretation of this Agreement, the interpretation of ORGANIZER shall govern.

9. ORGANIZER:
Kirkwood Community College

By: ______________________________
Name: ____________________________
Title: _____________________________
Date: _____________________________

EXHIBITOR:

By: ______________________________
Name: ____________________________
Title: _____________________________
Date: _____________________________

Kirkwood Community College
6301 Kirkwood Blvd. SW
Cedar Rapids, Iowa 52406
Attn: Nellie Wilson.

RESERVATION OF BOOTHS

Reserving Booth Space: Please reserve (total number) ___booth(s)
(total number) ___table(s)

Enclose full payment for all booths and tables requested. Please make checks payable to Kirkwood Community College