



# Once Upon A Time

8725 John J. Kingman Road, Fort Belvoir, Virginia 22060

## Special Events Registration

Submitted application is a binding application for event participation.

**Official Use Only**

Do Not Write in this Space

Both Space: \_\_\_\_\_

Ref #: \_\_\_\_\_

Company Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ Day of Event Contact Number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

(All electronic material containing important updates and communications regarding exhibiting will be sent to this email address.)

Business Entity: \_\_\_\_\_

**Brief Description of product or services (attach brochure, business card, etc):**

\_\_\_\_\_

Use of electricity must be requested. If collecting credit card payments during the Event please note reception on site may be weak.

REGISTER BY  
01/31/2019  
RECEIVE 5% OFF

### Cupid's Tango Valentine's Expo

**Tuesday, February 12, 2019 through Thursday, February 14, 2019**

9:00 am – 2:00 pm

#### Event Registration Fees

##### Corporate Exhibitors

Non-retail appointment setting entities. Corporate vendors are provided 1-6ft draped table, 2-chairs, with a minimum of 12 sq. feet of event show floor space

**Event Rate 135.00 Per Day/Per Space**

##### Retail Exhibitors

Provide Cash-and-Carry merchandise. Retail Exhibitors provided 2-6ft draped table, 2-chairs, with a minimum of 24 sq. feet event show floor space

**Tues. Rate 65.00 Per Day/Per Space Wed. Rate 85.00 Per Day/Per Space Thurs. – V-Day Rate 125.00 Per Day/Per Space**

VARIATION IN EVENT PRICING HAS NO BEARING UPON EVENT ATTENDEE PARTICIPATION

Spaces are Limited. All submissions will be juried on the first-come-first basis. An accepted application is considered a commitment to exhibit and **once approved**, Event Terms and Conditions, Event Floor Plan, Parking, and any additional event information will be forwarded to the email provided.

Please note no refunds will be made for NO SHOWS.

Amount Due (**Circle desired event dates**): T - W - Th \$ \_\_\_\_\_

Corporate Exhibitor  Retail Exhibitor (**check business entity**)

I wish **Invoice and Event Info sent to this email address** \_\_\_\_\_

Have you exhibited in our show before under another company or name? Yes \_\_\_\_\_ No \_\_\_\_\_

If Returning Application by Email send to [Denise@OnceUponATimeInVA.com](mailto:Denise@OnceUponATimeInVA.com)  
Returning by Snail Mail to: **Once Upon A Time**, 1295 Dogleg Drive, Locust Grove, VA 22508

#### Questions

Phone: (703) 767-4204 or (540) 361-0009  
[www.OnceUponATimeInVA.com](http://www.OnceUponATimeInVA.com)