



2010 UNIQUE BOUTIQUES VENDOR AGREEMENT

This shall document shall serve as an agreement between Professional Case, Inc, on behalf of the Designs by Paolo Product Line, hereafter referred to as *PCI*, and _____, hereafter referred to as *VENDOR*, acting on behalf of _____, as it pertains to the "UNIQUE BOUTIQUES" event, hereafter referred to as *EVENT*. *VENDOR* understands that the *EVENT* will take place on Friday February 12, 2010-Saturday February 13, 2010 and that *VENDOR* agrees to be open for business from the hours of 6:00 pm-10:00pm on Friday and 10:00 am-6:00 pm Saturday in the merchant space and location provided. *EVENT* will be held at the Oscar Event Center (above Jungle Jim's International Market), 5440 Dixie Hwy., Fairfield, OH 45014

Please indicate below desired merchant space at the following agreed upon rate:

10' x 10' - \$500.00 _____ Includes Draped Table(s), Chairs, booth signage,
VENDOR listing in program

10' x 15' -\$750.00 _____ Includes Draped Table(s), Chairs, booth signage,
VENDOR listing in program

VENDOR is responsible for all display and merchandising items and materials as they pertain to their individual merchant space. Black draped tables will be provided to each *VENDOR*. Please indicate quantity and table sizes below.

6' x 30" _____ 8' x 30" _____ 6' Round _____

The parties further agree:

1. Complete Event Guest List containing voluntarily provided information collected during registration and/or auction/raffle participation that may include name, address, e-mail or other contact information for future vendor promotional use, will be provided by *PCI* within two (2) weeks after event.
2. *PCI* agrees to promote *EVENT* that may include, but is not limited to Event Center promotional materials, Radio, Television, Public Signage, and Print Advertising.
3. *VENDOR* is liable for any and all of their products/services distributed/sold for this event. *PCI* accepts no liability for defective, damaged, or disfiguring merchandise. Should any product/service cause injury or damage to any third party, *VENDOR* will hold harmless and indemnify *PCI* as a result thereof, as set out below.
4. *VENDOR* hereby agrees to indemnify and hold *PCI* harmless from and against all damages, deficiencies, claims, demands, judgments, obligations, reasonable attorneys' fees and expenses, losses, liens, charges or encumbrances, suffered by *PCI* at any time by reason of, or in any way relating to, arising out of or resulting from, any products/services provided by *VENDOR* to third parties.

5. If VENDOR'S participation in the EVENT must be cancelled for any reason, then VENDOR will forfeit all monies. Further, if it is necessary for EVENT to be canceled for any reason by *PCI*, then all monies paid will be refunded to VENDOR, if VENDOR is unable to participate in re-scheduled EVENT date.

Set-Up for VENDORS begins Friday February 12, 2010 from 10:00 am – 5:30 pm. Doors will open to the VIP evening event at 6:00pm. Additional set-up will begin again from 7:00am-9:30 am on Saturday February 13, 2010. Doors will open to the public promptly at 10:00 am. VENDORS are responsible for staffing their merchant spaces at all times.

It is the sole responsibility of each VENDOR to collect all monies in whatever desired form, for all products or services sold. Additionally, it is VENDOR'S responsibility to collect necessary sales tax where applicable.

The Oscar Event Center is fully equipped for public wireless Internet access for VENDORS during the EVENT.

VENDOR agrees to pay *PCI* the applicable rate for the desired merchant space selected above upon execution of this agreement.

Please sign below to execute agreement between VENDOR and *PCI*:

Amount to be charged: _____

Authorized Signature _____

Print Name: _____

For: Company/Vendor Name _____

Date _____

If paying for participation by Visa, Mastercard, or Discover please fax completed agreement to:
513-682-2525.

Credit Card Acct. # (16 Digits) _____

Expiration Date: _____

CVC Code: _____

Credit Card Billing Zip Code: _____

Name on card if different from above signature: _____

If mailing agreement with payment by check, please make check payable to:
Professional Case, Inc. and send to:

Professional Case, Inc.
Attn: Unique Boutiques Event
9790 Inter-Ocean Drive
Cincinnati, OH 45246
513-682-2520