2026 STARK COUNTY HOME & GARDEN Show

2026 EXHIBITOR REGISTRATION FORM AND CONTRACT

Friday, March 13 &
Saturday, March 14

Please check (✓) your choices and total form for balance due.

DEADLINE: FEBRUARY 1, 2026
ALL FORMS, PAYMENTS, & BAG INSERTS

EXHIBITOR INFORMATION:

_____
COMPANY NAME

_____
COMPANY NAME AS IT SHOULD APPEAR ON MARKETING MATERIALS (IF DIFFERENT)

_____
CONTACT NAME

_____
STREET ADDRESS

_____
CITY

_____ _____
STATE *ZIP CODE*

_____
PHONE

_____
EMAIL

PLEASE DESCRIBE EXHIBIT -- PRODUCTS, SERVICES, DISPLAYS, DEMOS, EQUIPMENT.

_____

_____

BOOTH LOCATION REQUEST:

Select booths from current floor plan at www.biastarkeco.com.

Booth location are assigned on a first-come, first-served basis upon receipt of contract and payment. Please note that the floor plan may need to be modified to accommodate growth.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

ACTUAL BOOTH ASSIGNMENT BY BIA: _____

For good and valuable consideration, the undersigned hereby agrees to indemnify, defend, and hold free and harmless the Building Industry Association of Stark & East Central Ohio (BIA) and each of their agents, employees, officers, and directors, from and against any and all causes of actions, claims, liabilities, assertions of liability, losses, costs and expenses, including but not limited to, attorney fees, which in any manner may arise or be alleged to have arisen, or resulted, or alleged to have resulted from the presence, activities, and promotions of any nature whatsoever or otherwise of the undersigned, its agents or employees, on or adjacent to the premises of the exhibition site (Hall of Fame Center for Performance), including but not limited to, claim or claims for bodily injury or death of persons, and for loss of or damage to property, including claims or loss by the BIA and their agents, employees, officers and directors. All sales final. As an exhibitor, sponsor, landscaper, participant or part of a display at the Home & Garden Show, we agree to the above terms and agree to abide by the rules and regulations of the Home & Garden Show. I understand and agree to the payment terms outlined on this registration form.

_____ _____
SIGNATURE OF EXHIBITING COMPANY REPRESENTATIVE ***DATE***

SHOW SPONSORSHIP OPTIONS

___ **PLATINUM SPONSOR - $5000** $_____
Includes a 20' x 20' booth space, all logo visuals, free bag insert

___ **GOLD SPONSOR - $3000** $_____
Includes a 10' x 20' booth space, all logo visuals, free bag insert

___ **SILVER SPONSOR - $1750** $_____
Includes a 10' x 10' booth space, all logo visuals, free bag insert

EXHIBITOR BOOTH:

___ 10' x 10' Booth *BIA Member $1100 / Non-Member $1200* $_____

___ 10' x 20' Booth *BIA Member $1950 / Non-Member $2100* $_____

___ 20' x 20' Booth *BIA Member $3800 / Non-Member $4000* $_____

___ Corner Booth Charge *$75* $_____

___ Electricity Charge *$35* $_____

New ***EXHIBITOR WRISTBANDS:*** ***FOUR Included with booth. Additional wristbands $2 each. #_____ @ $2 ea.*** $_____

OPTIONAL ADDITIONAL DISPLAY NEEDS:

___ Folding Chairs #_____ @ $25 each $_____

___ 6' Folding Table #_____ @ $50 each $_____

___ 6' Table Cover #_____ @ $50 each $_____

ATTENDEE BAG INSERT: *Minimum 2,000 pieces.* *DEADLINE FEBRUARY 1, 2026*

___ BIA Member $250 $_____

___ Non-Member $300 $_____

___ Non-Exhibitor/No Booth $500 $_____

TOTAL BALANCE DUE $_____

RSVP: _____

CC Date: _____

*Ck #*_____

IF APPLICABLE, less $100 non-refundable deposit to hold 2025 booth location for 2026 show paid with RSVP Form (Form/Payment Due May 30, 2025) $_____

ADJUSTED BALANCE DUE $_____

AMOUNT BEING PAID NOW WITH THIS FORM/CONTRACT $_____

AT LEAST 50% OF THE BALANCE DUE IS REQUIRED with the submission of this registration form/contract providing proof of the Exhibitor's commitment.

If paying via credit card and this line is left blank, your credit card will be charged the FULL Balance Due.

NO PAYMENTS ACCEPTED AT SHOW!

___ **CREDIT CARD** ***3.75% Credit Card Convenience Fee will be applied.***

_____
Name on Credit Card

_____
Card Number

_____ _____ _____
Exp. Date *CVV* *Zip Code*

___ **CHECK** #_____ Date _____

Payable to "BIA of Stark & East Central Ohio". Cancelled check is your receipt.

SEND COMPLETED FORM AND PAYMENT TO:

BIA of Stark & East Central Ohio
4344 Metro Circle NW
North Canton, OH 44720

330-494-5700 / 330-494-6665 FAX
info@biastark.org
www.biastarkeco.com

BIA Office Use:

REMAINING BALANCE DUE TO BE INVOICED
(approx. November 2025)

$_____