

PARTICIPATION AGREEMENT



LEGAL COMPANY NAME: _____

COMPANY INFORMATION (to be published)

EXHIBITING AS: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: (_____) _____ www: _____

PRODUCT ☐ Waste ☐ Recycling ☐ Trucks/Trailers ☐ Balers/Compactors ☐ Carts/Containers

LINES: ☐ Software ☐ Landfill ☐ Safety/Protection ☐ Parts/Accessories Other: _____

MARKETS: ☐ USA ☐ Florida ☐ Caribbean ☐ Central America ☐ South America Other: _____

Description for listings (limit to 50 words): _____

CONTACTS FOR EXHIBIT ARRANGEMENTS (no staff onsite)

MAIN (Name): _____ Title: _____

Phone: (_____) _____ Cellular: (_____) _____

Email: _____

Address: (if different from above) _____

City: _____ State: _____ Zip: _____

2nd CONTACT: _____ Title: _____

Phone: (_____) _____ Cellular: (_____) _____

Email: _____

MAKE YOUR SELECTIONS

1) SPONSOR Package: DIAM+ _____ DIAM _____ PLAT _____ GOLD _____ SILV+ _____ SILV _____ BRO _____

Booth size: _____' X _____' Choices: a) _____ b) _____

2) A-LA-CARTE Package: Booth size: _____' X _____' Choices: a) _____ b) _____

3) Booth types: Add ☐ \$100 (2-side open) ☐ \$175 (3-side open) ☐ \$250 (Island booth)

4) Electricity: ☐ \$195 (up to 300 sq. ft.) ☐ \$375 (400 sq. ft. and up)

5) Others: ☐ Speaking: \$995 ☐ 2nd listing: \$795 ☐ Social Media: \$495

6) Exclusive Sponsorships: _____ **Guide AD (size):** _____

Note: _____

Standard booth packages include pipe & drape, one 6' draped table, 2 chairs, 1 wastebasket, ID sign, listings in guide & online, staff badges and free passes for guest. (10x20 & larger: 2 tables & 4 chairs). Liability insurance is included. Refer to your confirmation email for details.

August 4 & 5, 2027

Broward County Convention Center

Please complete, sign & return this Agreement to show organizers By mail@WRexpo.com

All requests will be assigned on a first-come, first-served basis.

Questions? (305) 412-7945

Payment Methods

- **ACH or WIRE** (ask for instructions)
- **Checks** from US banks payable to **WR EXPO** and mail it to **8900 SW 107 Ave., Ste. 313, Miami, FL 33176**
- **Credit Card** (use the box at the bottom of this form)

Agreement will be considered valid when signed by Show Management.

COST

1) Sponsor Package \$ _____

2) A-La-Carte \$ _____

3) Booth type \$ _____

4) Electricity \$ _____

5) Others \$ _____

6) Exclus./Ads \$ _____

TOTAL \$ _____

Approved by Management

Exhibitor / Sponsor Signature _____

Expo Account Executive _____

Date _____

As an authorized representative of the Company/Exhibitor contracting services described above, I have read and understood the content of this Agreement as set forth here and in WR EXPO [Terms & Conditions](#), and agree to abide by them. Email, Fax and image transmission of this Agreement and any signatures affixed hereto shall be considered for all purposes as originals.

PLEASE CHARGE MY CREDIT CARD

VISA _____ MC _____ AMEX _____ DISC _____

Number _____ Cardholder _____

Expiration: _____ Sec. Code: _____ Signature _____

Billing Address _____ City _____ State _____ Zip _____