



# THE MEN'S HEALTH URBANATHLON™ & FESTIVAL

Grant Park—Upper Hutchinson Field | **October 16, 2010**

## FESTIVAL EXHIBITOR

The Men's Health URBANATHLON™ & Festival is the premier opportunity to promote your brand to individuals interested in living a performance-driven life.

The race and festival draw a combined 10,000+ attendees to the area. Exhibitors may display and sample products, distribute literature and premiums, or even host an on-site activity.

- WHEN:** Saturday, October 16, 2010
- WHERE:** Grant Park—Upper Hutchinson Field
- LOAD-IN:** Friday, October 15, 2010—exact times will be assigned
- LOAD-OUT:** Saturday, October 16, 2010, between 3 and 8 p.m.

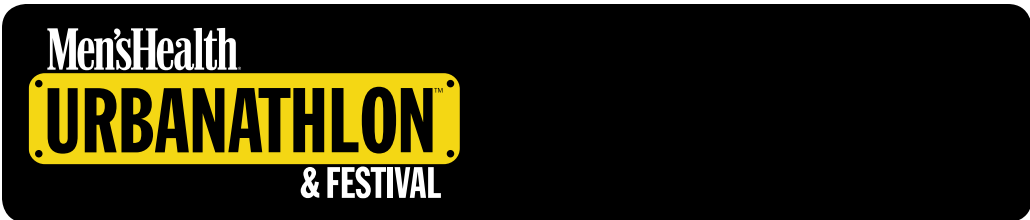
## A TYPICAL FESTIVAL BOOTH INCLUDES:

- 10' x 10' tent space with a back drape
- 8' table
- Table linen
- 2 chairs

## BOOTH SIZE & PRICING:

Booth Size		Price
<b>10'x10'</b>		<b>\$1,500</b>

**NOTE:** A non-refundable deposit of 50% of the total cost of your booth(s) must be submitted with your application. Festival Booth must be paid in full by 10/8/10. NO EXCEPTIONS!



# APPLICATION FOR: The Men's Health Urbanathlon™ & Festival Space

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

Brand Name: \_\_\_\_\_

Products to Be Exhibited: \* \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

\*All items are subject to review by Men's Health and Aura360 Ventures.

### PAYMENT REQUIREMENTS:

- A non-refundable deposit of 50% of the total cost of your booth(s) must be submitted with your application.
- Full payment for Festival Booth is due on or before 10/8/10.
- Booth space will not be reserved until the application and 50% deposit (check or credit card) are received by Aura360 Ventures.
- If final payment is not received by the required date (see above), your reservation will be canceled and there are no refunds.

### PAYMENT CALCULATOR:

Number of 10' x 10' booths: \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total Amount to Be Paid: \_\_\_\_\_ \$

Amount of Deposit (Total Amount x .5): \_\_\_\_\_ \$

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT CARD INFORMATION:

Card Type (Check One)      Visa                      MasterCard                      American Express

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

To learn more, contact **Allison Harris** at [allison@aura360.com](mailto:allison@aura360.com) or **207.699.2360 x105**.  
To submit application, fax it to 207-699-2929, attention **Allison Harris** or email it to [allison@aura360.com](mailto:allison@aura360.com).

**NOTE:** Participation is subject to approval by Men's Health and Aura360 Ventures.

