

# EXHIBITOR SPACE RESERVATION & CONTRACT

# 2025



**NEW YORK  
FARM SHOW**

NEW YORK FARM SHOW, INC.  
NEW YORK STATE FAIRGROUNDS  
SYRACUSE, NY  
FEBRUARY 20, 21, 22, 2025

**IMPORTANT !!**  
**PLEASE TYPE OR PRINT  
LEGIBLY**

**SAME SPACE AS 2024 IS DESIRED:** \_\_\_\_\_ **SPACE NUMBER:** \_\_\_\_\_ **SIZE (ex. 30x40)** \_\_\_\_\_

***TO RECEIVE LAST YEARS SPACE YOUR CONTRACT MUST BE RECEIVED BY SEPTEMBER 1, 2024***

It is understood and agreed that all space will be assigned by management according to a reasonable and consistent priority system based on Exhibitor choices and application date.

We would like to be near: \_\_\_\_\_ or away from: \_\_\_\_\_ these companies and/or products.

	Rate paid by 7/1/24	Rate paid by 9/1/24	Rate paid after 9/1/24
10x10 Booth - 100 sq. ft	\$980.00	\$1,050.00	\$1,150.00
20x10 Booth - 200 sq. ft	\$1,900.00	\$2,000.00	\$2,100.00
20x20 Booth - 400 sq. ft	\$2,790.00	\$2,890.00	\$2,990.00
Larger than 30x30	\$5.00/sq.ft	\$5.10/sq.ft	\$5.20/sq.ft

Enclosed is our check for \$ \_\_\_\_\_ Cost of a \_\_\_\_\_ (size) booth. Make checks payable to New York Farm Show Inc.

**We agree to comply with the exhibit rules and regulations as printed on the reverse side of this Contract.**

\_\_\_\_\_  
Name of person for correspondence with show materials.

\_\_\_\_\_  
Company name to appear on your Promotional Material

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of person in charge who will be attending Show

\_\_\_\_\_  
Authorized Signature

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

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

e-mail: \_\_\_\_\_

Company Website: \_\_\_\_\_

**Please submit contract to Show Management. A copy will be returned to Exhibitor as confirmation of space assignment as indicated below.**

**PLEASE SEND CERTIFICATE OF LIABILITY INSURANCE THAT WILL BE VALID DURING THE SHOW IMMEDIATELY!**

**SPACE CONFIRMATION:**

**Date Received:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Amount** \_\_\_\_\_ **By** \_\_\_\_\_

**Space(s) Assigned:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_ **LESS DEPOSIT:** \_\_\_\_\_ **BALANCE DUE:** \_\_\_\_\_

**Make all checks payable and mail to: NEW YORK FARM SHOW, INC. P.O. BOX 3470 SYRACUSE, NY 13220**  
**PHONE: 315/457-8205 FAX: 315/451-3548 E-mail: sgrigor@ne-equip.com www.newyorkfarmshow.com**  
**PLEASE RETURN ALL COPIES. Date Contract and Exhibitor Guide Returned** \_\_\_\_\_

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