



WEDNESDAY, SEPT. 9, 2026 SENIOR AMERICAN DAY EXHIBITOR APPLICATION

Company Name: _____
Contact Person: _____

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ Web Page: _____

What do you plan to exhibit? _____

What product lines do you represent? _____

Exhibit space will be assigned on a first come first served basis.

Booths cost \$250 for 8'X8' Booths come standard with back and side draping.
Tables and chairs are available for rent through Hick's Rentals (901) 272-1171
or email: Rhonda@HicksConventions.com

Two exhibitor passes will be given to all 8'X8' exhibitors. Additional passes may be purchased for \$15 each.

For space larger than 8'x8' or other ways to participate in the Delta Fair, please call Jan Hamilton: 901-867-7007

Please sign this **COMPLETED** application and fax or mail to Delta Agribusiness with full payment to secure your space. No space is confirmed until payment is received. **Make checks out to: Delta Agribusiness.** We can also take signed fax applications with a credit card number. Contract may be cancelled and deposit returned minus \$50 processing fee no later than August 15, 2026. If space is cancelled two weeks out from the date of the first day of the show or expo, or any time there after, all payments will be forfeited and if applicable, any unpaid late balances will be due.

ALL Vendors must submit a standard accord form for commercial liability insurance with no less than \$1 million dollars worth of coverage. It must show Delta Fair Inc., Delta Agribusiness, Agricenter International, Shelby County Government and all of their employees as additionally insured. You can also purchase insurance from Delta Fair. Call for price.

Check your option: _____ 8x8 \$250 for Senior Day only 9/9/26 NEED ELECTRICAL? (check if need electricity)
110v Electrical complimentary

Booth/Space Total: \$ _____ Enclosed Payment: \$ _____ Card Type: _____
Card Number: _____ Expiration Date: _____ Security Code on back: _____
Billing Address: _____

"My firm acknowledges the rules and regulations set forth by Delta Fair, Inc. and that our employees and representatives will at all times observe, perform and abide by such rules."

Official Representative Signature: _____ Date: _____
Title: _____

Return this fully completed application with your full payment to:

**Delta Agribusiness
Attention - Jan Hamilton
P.O. Box 1327, Cordova TN, 38088-1327**



Phone: (901) 867-7007 - Fax (901) 867-7121 or Deltafest.com