



LaPorte County Builders Association

Home & Lifestyle Expo



2022 Exhibit Reservation Form

- ❖ March 5th 9 a.m -5 p.m. & March 6th 9 a.m – 4 p.m.
- ❖ Blue Chip Casino Hotel & Event Center

Set Up: Friday, March 4th 8 a.m. - 4 p.m.

Tear Down: Monday, March 7th 8 a.m. – 4 p.m.

Premier Sponsorship

LIMITED SPACES!!!

BALC Member \$800

Non Member \$1,000

Includes:

- *10% off of 10x10 booth
- *Website Sponsorship for 1 year
- *Facebook Sponsorship
- *Blast Sponsorship
- *Radio Interview
- *Banner Ad/Signage in pre-function at Blue Chip

Reservations require \$100.00 deposit per booth.

Balance Due January 13, 2022

Register on line at- www.BALC.org

click on *Events/ Home Show/ Register Now*

Mail Reservation Form WITH DEPOSIT-

B.A.L.C.

803 Washington

LaPorte, IN 46350

Contact BALC with any questions

Email BALaporteCounty@gmail.com

Fax: 219-324-7495

Phone: 219-326-0624

Product / Service _____

Company Name _____

Contact Person _____

Phone or Cell # _____

Address _____

City _____ Zip Code _____

Email _____

Product / Service _____



Standard Booth 10x10

BALC Member \$625

Non Member \$825

Mini Booth 5x10

BALC Member \$400

Non Member \$500

Corner Booth

Add \$50 per open side

Each Additional Booth

BALC Member \$575

Non Member \$775

Non Manned Tabletop-Entry Area

BALC Member \$250

Non Member \$350

Shopping Spree Sponsor

BALC \$50.00/Non \$100

*Winner of shopping spree will be awarded \$1,000.00 from BALC to spend at any participating Vendor.

Website Sponsorship BALC \$50.00/Non \$100

Your company logo on the Home & Lifestyle Expo page through April 1st.

*Deadline February 20

Facebook Sponsorship BALC \$50.00/ Non \$100

Your ad posted twice on Home & Lifestyle Expo Facebook page.

*Deadline February 20

Total \$ _____ -10% of first booth B4 Oct. 1= \$ _____

TOTAL \$ _____

DEPOSIT SUBMITTED \$ _____

BALANCE DUE By JAN 13 \$ _____

FOR OFFICE USE | DATE RECEIVED _____ AMT _____ BY _____

*BOOTH PLACEMENT PRIORITY WILL BBE DETERMINED *
BY RECEIVAL OF REGISTRATIIONN FORM AND DEPOSIT

Refundable if event is cancelled



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IF PAYING DEPOSIT OR TOTAL BY CREDIT CARD, PLEASE COMPLETE INFORMATION BELOW AND SUBMIT WITH YOUR REGISTRATION FORM.

Visa and MasterCard accepted

Name on Card _____ Expiration Date _____

Card Number # _____ Sec Code _____

Statement Billing Address _____

City _____ State _____ Zip Code _____

Signed by _____

FOR OFFICE USE | DATE RECEIVED _____ AMT _____ BY _____

BOOTH PLACEMENT PRIORITY WILL BE DETERMINED BY RECEIVAL OF REGISTRATION FORM AND DEPOSIT