

2027 EXHIBITOR SPACE CONTRACT

2027 POOL & SPA SHOW JANUARY 26-28

thePOOL&SPAshow
powered by the Northeast Spa & Pool Association

This contract can be filled out and submitted online at www.ThePoolSpaShow.com

STEP ONE: COMPANY INFORMATION

Exhibitors are responsible for updating their profiles and product categories

Company Name:

Exhibiting As: (if different from above)

NESPA/PHTA Member #: Co. Email:

Address:

City: State/Province:

Phone:

Show Contact: Email:

Phone: Ext.: Website:

NOTE: Exhibit space assignments and announcements are based on priority points established by previous Pool & Spa Show participation and date of receipt of this contract.

DON'T DELAY! Your contract MUST be submitted by September 3, 2026 to use your established Show Priority Points.

NO EXCEPTIONS: All contracts submitted after September 3, 2026 will be assigned on a first-come, first-served basis.

The Pool & Spa Show utilizes a **Priority Points System** where points are earned from previous Pool & Spa Show participation including years of exhibiting and booth size (one point for each year and one point for each 10x10 space). Points accumulate and carry over from year to year. Points expire if a company does not exhibit for five years.

STEP TWO: EXHIBIT CONTRACT INFORMATION

Exhibitor acknowledges receipt of the Terms and Conditions to exhibit at The Pool & Spa Show and agrees to be bound by such in relation to The Pool & Spa Show powered by Northeast Spa and Pool Association. Complete Terms and Conditions, including booth cancellation policy, are located at www.ThePoolSpaShow.com

REQUIRED Exhibitor Signature:

Printed Name:

Title:

Products to be displayed:

STEP THREE: PAYMENT INFORMATION

Take advantage of the Early Buy rate through October 5, 2026!	EARLY BUY – THROUGH OCT. 5		AFTER OCT. 5	
	Paid-In-Full Rate	Standard Rate	Paid-In-Full Rate	Standard Rate
NESPA/PHTA Member Rates (per 10'x10' booth) and first time non-member exhibitors	\$2,220	\$2,285	\$2,305	\$2,375
Non-Member Rates (per 10'x10' booth)	\$2,565	\$2,630	\$2,660	\$2,730

Exhibit Space

Configuration Required (i.e. 10' x 20', 20' x 40', 50' x 40')

When selecting a booth configuration please note the following:

Linear booths (10' x 10' or multiples arranged in a straight line) have a maximum permitted height of 8 feet. This height restriction will be strictly enforced. For additional booth setup guidelines, refer to the "Guidelines for Display" section on our website: www.thepoolandspashow.com

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Number of 10'x10' Spaces Booth Rate Total 50% Deposit Due

PAYMENT METHOD

50% deposit required with contract. Balance due in full by December 3, 2026. Exhibitors who pay in full with contract submission receive the discounted prices shown above.

- Invoice (deposit must be received before booth space is assigned)
- Credit Card: Visa MasterCard American Express Discover

Name on Card:

Card#: Exp. Date: SIC:

Please charge the above credit card:

- In full, applying the "paid-in-full" discount, amount:
- On the payment due dates stated above, for the amount due:
- For the deposit required only, amount:

If mailing address for credit card is different from STEP ONE, please provide the following information:

Street Address/City/Zip:

STEP FOUR: PREFERRED BOOTH SPACES IN ORDER

These selections are used as a guide for Show Management. If your choices have been allocated to exhibitors before you on the priority point list, Show Management will assign what it considers to be the best space available.

Access the floorplan at: www.ThePoolSpaShow.com

1.
2.
3.
4.
5.
6.

EXHIBITOR HOURS

TUESDAY

10:00 am - 5:00 pm

WEDNESDAY

10:00 am - 5:00 pm

THURSDAY

10:00 am - 2:00 pm

MAKE ALL CHECKS

PAYABLE TO: NORTHEAST SPA & POOL ASSOCIATION

- Deposit required with contract: 50% of total exhibit space cost.
- Balance due in full by Dec. 3, 2026.
- Exhibitors with unpaid balance will not be permitted to set up at the show.

RETURN APPLICATION & PAYMENT TO:
THE POOL & SPA SHOW/
NESPA

6B South Gold Drive
Hamilton, NJ 08691
Phone: 609.689.9111
Fax: 609.689.9110
ThePoolSpaShow.com

FOR OFFICE USE ONLY

Deposit Amount:

Date Received:

Inv #:

Priority #:

Space:

LYB#: