



Silver Dollar Circuit

Western Gift Expo

March 15 thru March 20, 2016

Application for Exhibit Space

(Applications must be received on or before 3/4/16)

The South Point Equestrian Center invites you to exhibit at the

“40th Annual Silver Dollar Circuit AQHA Horse Show”

Move-In: Sunday, March 13, 2016 from 8am to 6pm

Monday, March 14, 2016 from 8am to 12pm

Show Dates: Monday, March 14, 2016 at 12pm until 7pm

(We are opening the Vendor Show on Monday afternoon for the AQHA Convention attendees and for the AQHA Reception in the Cinch Saloon)

Show Dates: Tuesday-Sunday, March 15-20, 2016 (Same hours as the Horse Show)

Move-Out: Sunday, March 20, 2016 (after the show until 10pm)

All Vendors will be located on the Arena concourse for this show.

Space is limited, so please get your application in early!

Please be sure to fill this form out completely and legibly.

Business Name: _____

Booth Name: _____

Contact: _____ **Additional Contact:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Cell:** _____ **Fax:** _____

Email: _____

Requested Booth Space:

_____ 10'x 10' (\$450.00 + \$42.00 special event fee)

_____ 10'x 20' (\$750.00 + \$42.00 special event fee)

_____ Corner Booth (if available) add \$100.00 (request only until confirmed by South Point)

_____ Bulk Space Over 200 sq. ft (\$3.75 per sq. ft.)

Please list all products you wish to display or sell at the Show. Your contract will be assigned on the basis of this list. The Silver Dollar Circuit Western Gift Expo is an Equestrian oriented show. Items, products, or services not keeping with the criteria will not be accepted. Once a contract has been assigned, you may not display or sell any additional items. Please stay with your primary product. Auxiliary product may disqualify your acceptance into the show. Violations will result in immediate cancellation of your contract and all rental monies paid will be forfeited to the Silver Dollar Circuit Gift Expo. Briefly describe the product or services offered:

Please attach catalogs, samples, brochures, picture, etc. of your products, display or booth layout. If these are not available, attach a drawing with an explanation of how you plan on decorating your booth. Please note: Catalogs, pictures, etc., will not be returned unless requested.

Show management will provide each booth with pipe and drape (unless otherwise requested) and 5 amps of electrical service per booth (regardless of size). Attached to this application are the necessary forms required for additional services (electrical, internet, and phone). Ordering these services is the sole responsibility of the Vendor. PLEASE NOTE: a substantial discount is offered for ordering these services early! There are no provisions for water or drainage within the Arena area.

Show Management reserves the right to assign booth space in accordance with other Exhibitors and products. The Silver Dollar Circuit Western Gift Expo will strive to maintain a variety of diverse products in all areas for this show. Booth assignments will be based upon that criteria. We want to ensure that all our Vendor have the opportunity to be as successful as possible! Please display your exhibit in a manner keeping with our theme. All decorations and booth layouts will be subject to the approval of show management.

The South Point Hotel & Casino is pleased to extend the special "Silver Dollar Circuit" room rate to all Exhibitors participating in this show. Please call the South Point Hotel & Casino at (866) 796-7111 and ask for room reservations. Be sure to mention the "Silver Dollar Circuit" rate when making your reservation. PLEASE BOOK YOUR ROOM EARLY! This special rate and room availability is LIMITED. It is the responsibility of each Vendor to make lodging arrangements.

DEPOSIT/PAYMENT: A \$250.00 deposit must accompany this application. All monies must be in the form of a CASHIER'S CHECK or MONEY ORDER made payable to: South Point Hotel & Casino. Please remember, the deadline for applications is March 4, 2016. Your application must be received on or before this date to be considered. If your application is not accepted, the deposit will be refunded to you. If accepted, the deposit will be applied toward booth rental. Balance in full for ALL booth spaces must be received in our office no later than March 4, 2016. Cancellations after acceptance into the show will result in forfeiture of deposit and all monies paid to date. FAILURE TO COMPLY WITH ALL DEADLINES WILL RESULT IN AUTOMATIC LOSS OF BOOTH SPACE CONSIDERATION. THE "Silver Dollar Circuit" WESTERN GIFT EXPO IS BY INVITATION ONLY AND A COMPLETED APPLICATION DOES NOT AUTOMATICALLY RESERVE SPACE. ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE CONSIDERATION CAN BE GIVEN.

You will be notified (via email) of acceptance/refusal. Upon acceptance, an invoice will be sent to you. All Vendors will be invoiced for the Clark County, Nevada "special event fee" of \$42.00 (\$6.00 per event day). **Labor will not be provided for move-in and move-out. Access through the Exhibit Hall to the Arena Concourse will not be available for Move-In/Move-Out. **NO trailers or tents allowed on the Arena Concourse.**

The undersigned agrees to abide by the rules and regulations stipulated in the actual contract should space be available. The undersigned hereby authorizes the Western Gift Expo to secure information concerning any of the above facts, and by signing below the Exhibitor authorizes the release of such pertinent information to the South Point.

Signature: _____

Name: (Please Print) _____

Booth Name: _____

Date: _____

Please return completed application/forms with your payment to:

**Florence Sirna or Dee Smalls
South Point Equestrian Center
9777 Las Vegas Blvd, South
Las Vegas, NV 89183
702-797-8005
702-797-8006 Fax**

To ensure quicker response times, please limit your correspondence to email if at all possible.

Dee Smalls: smallsd@southpointcasino.com

Flo Sirna: sirnaf@southpointcasino.com



CREDIT CARD AUTHORIZATION FORM

Please Return to:

South Point Arena and Equestrian Center
9777 Las Vegas Blvd South
Las Vegas, NV 89123
Phone: (702) 797-8005
Fax: (702) 797-8006

PLEASE DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM.

Complete all info requested below and send it to the South Point Arena.

We will contact you at the phone number provided to obtain the Credit Card information for payment.

I hereby request the charges outlined below:

Total Charges \$ _____

Company Name: _____

Event (if applicable): _____

Contact Name: _____ Phone #: _____

Name of Credit Card Holder *(as it appears on the card)* _____

Credit card statement address _____

Phone: _____ Cell: _____

I understand that this transaction is non-reversible. I authorize and acknowledge that all of the aforementioned charges will be processed to my credit card.

Signature: _____ **Date** _____



VENDOR INTERNET ORDER FORM

RETURN COMPLETED FORMS:

Via Email to: Smallsd@southpointcasino.com

Via Fax to: (702) 797-8006

*confirmation of your order will be sent to the email provided below

Event Name: _____

Name: _____

Booth / Company: _____

Email Address: _____

Phone Number: _____

Show Move in Date: _____

Show Move out Date: _____

Item	Qty:	Price	Total
WiFi per DAY One Device		at \$29.99	
WiFi Per SHOW One Device		at \$149.99	
Hard Line Per DAY Multiple Devices		at \$129.99	
Hard Line Per SHOW Multiple Devices		at \$499.99	
Internet Router Rental Per day		at \$15.00	
Cat 5 internet cable per day		at \$5.00	
Labor - PC Tech Per 30 min		at \$25.00	
GRAND TOTAL:			

PAYMENT INFORMATION	
Card Holder Name:	_____
Phone # :	_____
Billing Address:	_____ _____ _____
Credit Card #:	_____
Expiration Date:	_____
CCV # (Back of Card):	_____
<p><small>I understand that this transaction is non-reversible. I authorize and acknowledge that all of the aforementioned charges (Grand total to the left) will be processed to my credit card.</small></p>	
Signature:	_____
Date:	_____

South Point Arena & Equestrian Center, 9777 Las Vegas Blvd South, Las Vegas NV, 89183

PH: (702) 797-8005 FAX: (702) 797-8006



VENDOR ELECTRICAL ORDER FORM

RETURN COMPLETED FORMS:

Via Email to: Smallsd@southpointcasino.com

Via Fax to: (702) 797-8006

*confirmation of your order will be sent to the email provided below

Event Name: _____

Name: _____

Booth / Company: _____

Email Address: _____

Phone Number: _____

Show Move in Date: _____

Show Move out Date: _____

Item	Qty:	Advanced Price	Day Of Price	Total
5 AMPS		Included	Included	
10 AMPS		\$153.00	\$230.00	
15 AMPS		\$180.00	\$270.00	
20 AMPS		\$210.00	\$315.00	
208 Volt - 30 AMP		\$460.00	\$690.00	
208 Volt - 60 AMP		\$605.00	\$908.00	
15' Extension Cord		\$14.00	\$14.00	
Multi Outlet Power Strip		\$9.00	\$9.00	
All Pricing is for the entire event - Regardless of duration				
GRAND TOTAL:				

PAYMENT INFORMATION	
Card Holder Name:	_____
Phone # :	_____
Billing Address:	_____ _____ _____
Credit Card #:	_____
Expiration Date:	_____
CCV # (Back of Card):	_____
<small>I understand that this transaction is non-reversible. I authorize and acknowledge that all of the aforementioned charges (Grand total to the left) will be processed to my credit card.</small>	
Signature:	_____
Date:	_____

Advance orders must be received 14 days prior to show opening, all orders inside of 14 days are subject to Day Of pricing.

Additional services are available upon request - please inquire with the show management for further information.

South Point Arena & Equestrian Center, 9777 Las Vegas Blvd South, Las Vegas NV, 89183
 PH: (702) 797-8005 FAX: (702) 797-8006



VENDOR SERVICES ORDER FORM

RETURN COMPLETED FORMS:

Via Email to: Smallsd@southpointcasino.com

Via Fax to: (702) 797-8006

*confirmation of your order will be sent to the email provided below

Event Name: _____

Name: _____

Booth / Company: _____

Email Address: _____

Phone Number: _____

Show Move in Date(s): _____

Show Move out Date: _____

Item			@ \$20 per hour-per staff	Total
Utility Porter (hourly)	# of staff:	# of hrs:		
	Date requested:		Time requested:	
Fork Lift and Operator (hourly)	# of hours		@ \$65/hr	
	Date requested:		Time requested:	
Fork Lift (Per load)	# of loads:		@ \$20/ea	
	Date requested:		Time requested:	
8' table (each) (no linen)		@	\$10.00	
Chair (each)		@	\$5.00	
Labor is charged by the hour. Minimum labor charge is 2 hours. Hourly charges will be rounded up to the half hour.				
GRAND TOTAL:				

PAYMENT INFORMATION	
Card Holder Name:	_____
Phone # :	_____
Billing Address:	_____ _____ _____
Credit Card #:	_____
Expiration Date:	_____
CCV # (Back of Card):	_____
<small>I understand that this transaction is non-reversible. I authorize and acknowledge that all of the aforementioned charges (Grand total to the left) will be processed to my credit card.</small>	
Signature:	_____
Date:	_____

All charges will begin promptly at the time requested, not at time of arrival.

Additional services are available upon request - please inquire with the show management for further information.

South Point Arena & Equestrian Center, 9777 Las Vegas Blvd South, Las Vegas NV, 89183

PH: (702) 797-8005 FAX: (702) 797-8006



STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <http://tax.nv.gov>

1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
Governor
ROBERT R. BARENGO *Chair,*
Nevada Tax Commission
DEONNE E. CONTINE
Executive Director

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

Effective January 1, 2016

CLARK COUNTY TAX RATE INCREASE

Effective January 1, 2016 the Sales and Use tax rate for Clark County will increase from 8.10% to 8.15%.

Those who collect and remit sales and use tax will need to make changes to business processes as necessary in order to collect tax at the new rate. Businesses should be sure to file the most recently updated tax return forms. Filing [online](#) is the best option to take advantage of the most up to date tax rates. Tax returns can be located on the [Sales and Use Tax Forms](#) webpage of our website: <http://tax.nv.gov/>. If you have questions or require further information, please contact our Call Center at 866-962-3707.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER INSURANCE BROKER/AGENT ADDRESS CITY, STATE, ZIP	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED NAME INSURED ADDRESS CITY, STATE, ZIP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Carrier Authorized by the State of Nevada & acceptable to Gaughan So.</td> <td></td> </tr> <tr> <td>INSURER B: Carrier Authorized by the State of Nevada & acceptable to Gaughan So.</td> <td></td> </tr> <tr> <td>INSURER C: Carrier Authorized by the State of Nevada & acceptable to Gaughan So.</td> <td></td> </tr> <tr> <td>INSURER D: Carrier Authorized by the State of Nevada & acceptable to Gaughan So.</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Carrier Authorized by the State of Nevada & acceptable to Gaughan So.		INSURER B: Carrier Authorized by the State of Nevada & acceptable to Gaughan So.		INSURER C: Carrier Authorized by the State of Nevada & acceptable to Gaughan So.		INSURER D: Carrier Authorized by the State of Nevada & acceptable to Gaughan So.		INSURER E:	
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COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	ABC 123	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		<input checked="" type="checkbox"/> Injury to Athletic Participants not Excluded				PERSONAL & ADV INJURY	\$ 1,000,000
		<input checked="" type="checkbox"/> Independent Contractors & Contractual Liability				GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
B		AUTOMOBILE LIABILITY	ABC 123	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS							
<input type="checkbox"/> NON-OWNED AUTOS							
<input checked="" type="checkbox"/> Including Loading & Un-loading							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
C		EXCESS/UMBRELLA LIABILITY	ABC 123	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$ 2,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 2,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ABC 123	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
		<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 RE: Promotion of Events and/or Tenancy of premises at South Point Hotel & Casino, including setup and removal of property, South Point Hotel & Casino and its Board Members, Officers, Shareholders, Employees or Agents as an Additional Insured per form CG2026. All of the above referenced policies are Primary and Non-Contributory to any current or future insurance or self insurance retentions of whatever nature maintained by South Point Hotel & Casino or its Parent, Affiliates, Subsidiaries or successor entities. All policies include a Waiver of Subrogation in favor of South Point Hotel & Casino, its Board Members, Officers, Employees or Agents, for personal injury (including death), property damaged or any other loss, claims made policies (where applicable) contain a Twenty-Four (24) months Extended Reporting Period clause and retro date no later than date of event.

CERTIFICATE HOLDER GAUGHAN SOUTH, LLC DBA: SOUTH POINT HOTEL & CASINO 9777 LAS VEGAS BLVD. SO. LAS VEGAS, NV 89183	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.