

PROXY STATEMENT FORM

Show _____

Year _____

Onsite Appointment Time _____

I will not be able to participate in the Space Selection during my company's scheduled selection time. Therefore, I wish to authorize either a New Hope Natural Media show management member or another representative from my company to select my company's exhibit space on my behalf.

Please check ONE of the following and complete ALL the information below:

I hereby authorize the New Hope Natural Media show management staff to select my company's exhibit space according to the instructions indicated below.

OR

I hereby authorize _____ (name of company representative) to select my company's exhibit space according to the instructions indicated below.

Contracting/Exhibiting Company Information:

Company Name: _____

Your Name: _____

Title: _____

Telephone: _____ Fax: _____

E-mail: _____ Website Address: _____

Preferred Booth Size: _____

Preferred Booth Numbers: _____

Preferred Areas: (Note: To be considered for a pavilion, 75% of products/services exhibited must fall in that category)

Natural MarketPlace

Natural Products Expo East

___ General Space

___ Health & Beauty

___ Natural Living

___ Natural & Specialty Foods

___ Organic*

___ Pet Products

___ Supplements

Natural Products Expo West

___ General Space

___ Health & Beauty

___ Natural Living

___ Natural & Specialty Food

___ Organic*

___ Pet Products

___ Supplements

Supply Expo

___ International

___ Southern California Institute for
Food Technologist Member

Comments: _____

*Organic Standards Form, found online at www.newhope.com/standards, must be submitted with this proxy form to be considered for any booth with organic products.

My company understands that the Proxy Statement Form is NOT a space reservation form, but is a legal and binding agreement. My company agrees to accept the booth number(s) and location selected on our behalf by either the New Hope Natural Media show management staff or by the designated person indicated above, and understands that we are liable for the exhibit space(s) selected. My company hereby releases New Hope Natural Media and its employees from any liability.

Once the Proxy Statement and/or Exhibit Space Contract is signed all cancellation policies apply.

Authorized Signature _____ Date _____

Print name _____

Bring this form and your Exhibitor Booth Contract to the Sales Office onsite or return to:

**Expo Sales Department
1401 Pearl Street, Suite 200
Boulder, CO 80302 USA**

E-mail: expo@newhope.com Phone: 1.303.390.1760 Fax: 1.303.939.9559