



The Fairmont Chicago
February 17-19, 2010
THE NEW REALITY

EXHIBITOR AGREEMENT

Exhibitor package includes: 6' skirted table, 2 chairs, trash receptacle, 1 badge to all conference events. Extra conference badges available only to exhibitors for a special price. A limited number of VIP/prime location spaces are also available.

Pricing: *additional cost for internet access, phone line and electrical power

Standard:	\$ 985
VIP: (guaranteed prime location exhibit booth)	\$1,910
Extra Conference Badges (includes all conference activities)	\$ 175
Extra Services (for February 17, 18, 19)	
internet access	\$ 40
electrical power	\$ 70
phone line	\$ 75

Please return the signed contract to Julie Elmore, Project Manager, by fax to 217-442-2137. Or mail this form with payment to:

Illinois Council of Convention & Visitors Bureau
100 W. Main Street, Suite 146
Danville, IL 61832

Questions? Julie may be reached at 630-730-1780 or info@ilgovconference.com

CONFIRMATION

Company Name: _____
Please print clearly as all information will be listed in conference directory and signage

Type of Organization/Product to be exhibited: _____

Exhibitor Representative: _____

Badge Name(s): _____

Address: _____

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

Email: _____ **Telephone:** _____ **Website:** _____

Signature of Exhibitor Representative*(required): _____

*All reservations must be signed to confirm space. I understand, and agree to abide by the official regulations on this contract.

____ Standard (\$985) \$ _____
____ VIP Prime Location (\$1,910) \$ _____
____ Extra conference badges (available only to exhibitors - \$175 per badge) \$ _____

Extra Services

Electrical power connection @ \$70 per connection \$ _____
Internet access connection @ \$40 per connection \$ _____
Phone line connection @ \$75 per connection \$ _____

Floor Standing Display

____ I will be utilizing a floor standing display.

TOTAL AMOUNT DUE: \$ _____

Exhibitor Payment Information

Company Name: _____

Method of Payment

__ **check** (payable to Illinois Council of Convention & Visitors Bureau) **Check #** ____ **Amount** \$ _____

Pay by credit card (check one) __ **American Express** __ **Discover** __ **MasterCard** __ **Visa**

Card #: _____ **Exp. Date:** _____ **Security Code:** _____

Cardholder Name: _____

Signature (required): _____

Cardholder Address: _____

Cardholder Phone Number: _____

Please fax signed contract to: Julie Elmore at 217-442-2137.

No refunds will be given for cancellations.