



## 2011 Exposition Application & Contract March 18, 2011

Company Name: \_\_\_\_\_  
Type or Print Company Name as it is to appear on Printed Material

Booth Preference: Indicate Booth Preference as Shown on Floor Plan.

# of Booths \_\_\_\_\_ Choices 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Booth Costs: **One to three booths cost \$650 each. Four or more booths cost \$625 each.** \$150 deposit per booth must accompany application form. 5% discount if full amount of booth cost is paid prior to December 31, 2010.

**BALANCE MUST BE PAID NO LATER THAN FEBRUARY 15, 2011.**

Make check payable to:  
Illinois PHCC, 821 South Grand Ave. West, Springfield, IL 62704

Company \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Signature \_\_\_\_\_

The following products or services will be displayed: \_\_\_\_\_

Space assigned on a first come, first served basis. Please furnish all information requested. Cancellation must be by mutual consent of the applicant and the Illinois PHCC. A copy of the accepted contract will be mailed to you. If the contract is canceled prior to January 1, 2011 a full refund will be made. No refunds after February 1, 2011. Booth space contracted without deposit will be made available as space is needed. Illinois PHCC will not be responsible for lost, stolen or damaged goods or damage to the Drury Lane Conference Center.

*In compliance with the Americans with Disabilities Act of 1990, the Illinois PHCC Association will make all reasonable efforts to accommodate persons with disabilities at its meetings. Please call 800-795-7422 with any special requests.*

Booth Assignment(s) \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Signed: \_\_\_\_\_

Illinois PHCC Executive Director/Show Manager