



2016 IAPD/IPRA Soaring to New Heights Conference EXHIBIT CONTRACT
Hyatt Regency Chicago, 151 E. Wacker Dr., Chicago, IL 60601 (312) 565-1234
January 28-29, 2016

AGREEMENT

The Illinois Association of Park Districts and Illinois Park & Recreation Association, hereinafter referred to as IAPD/IPRA, are hereby authorized to confirm exhibit hall booth(s). A \$300 per booth deposit is required to reserve your booth(s). The balance must be paid in full by September 21, 2015. Any contracts not paid in full by September 21, 2015, will be considered by IAPD/IPRA, at its option, to have been cancelled by the exhibitor and will be resold. Any deposits paid will be forfeited. **All contracts filed after September 21, 2015, must be accompanied by payment in full for booth package(s).** All cancellations must be done in writing and submitted to Sue Triphahn at 4476 Sundance Circle, Hoffman Estates, IL 60192 or emailed to striphahn@ilparks.org or faxed to 847/496-5246. Cancellations made between July 14, 2015 and October 12, 2015 will receive a full refund of monies paid, less a \$100 per booth cancellation fee. **NO refunds will be processed after October 12, 2015.**

Final Payment and Exhibitor Contract Due by September 21, 2015

NOTE TO EXHIBITOR

Please complete and return this 2016 Exhibit Space Contract with your payment made payable to IAPD to:

Sue Triphahn
 IAPD Conference Director
 4476 Sundance Circle, Hoffman Estates, IL 60192
 Fax: 847/496-5246
 Email: striphahn@ilparks.org

A final confirmation/receipt of booth space will be emailed when final payment has been received.

Certificate of Insurance must be submitted by Jan. 4, 2016 (See Exhibitor Prospectus Page 7 for further details)

REGISTRATION

COMPANY _____ CONTACT PERSON (To receive correspondence/details of the show) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL* (REQUIRED) _____

* Please note that the email provided will be the primary method of communication.

We agree to abide by the Exhibit Rules and Regulations, and any amendments thereto, all of which are made a part of this contract.

NAME (TYPE OR PRINT) _____ SIGNATURE _____ DATE _____

This contract is not valid without signature.

BOOTH PACKAGE SELECTION*

- | | | |
|--|----------------------------------|----------------------------------|
| | W/TABLE | W/O TABLE |
| Package A (Up to 100 lbs) | <input type="checkbox"/> \$1,207 | <input type="checkbox"/> \$1,100 |
| Package B (Up to 300 lbs) | <input type="checkbox"/> \$1,317 | <input type="checkbox"/> \$1,210 |
| Package C (Up to 500 lbs) | <input type="checkbox"/> \$1,342 | <input type="checkbox"/> \$1,235 |
| Package D (Up to 200 lbs, 4 or more booths only) | <input type="checkbox"/> \$1,177 | <input type="checkbox"/> \$1,070 |

*Booth packages are priced based on the weight of what you are bringing into your booth to display. Onsite upon load in, if the weight of your freight exceeds the amount you have pre-purchased within your booth package, you will be charge accordingly. Additional fees are \$138.50 per hundred pounds.

FOR OFFICE USE ONLY

DEPOSIT PAYMENT _____ DATE _____

FINAL PAYMENT _____ DATE _____

CONFIRMED BOOTH NUMBER(S) _____

AUTHORIZED BY _____

CHECK _____ CREDIT CARD _____

PAYMENT

- CHECK ENCLOSED (PLEASE MAKE PAYABLE TO IAPD)
 CREDIT CARD PAYMENT (PLEASE CHECK ONE)
- VISA MASTERCARD

 CARD NUMBER

 EXPIRATION DATE

 NAME OF CARD HOLDER

 SIGNATURE

 BILLING ZIP CODE

 CVC# (3 DIGIT CODE)

QUESTIONS? PLEASE CONTACT:

Sue Triphahn, IAPD Conference Director, Illinois Association of Park Districts, 4476 Sundance Circle, Hoffman Estates, IL 60192
 P: 847/496-4449 F: 847/496-5246 E: striphahn@ilparks.org

WHITE – Management

Yellow – Accounting

Pink - Exhibitor