





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). 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.

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@lLparks.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* (REQUIR	ED)			

* 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) This contract is not valid w	vithout signature.	SIGNATURE			DATE	
Booth(s) Choices(s):	First	Second		Third		
BOOTH PACKAGE SELECTION* Package A (Up to 100 lbs)		□ \$1,207 □ \$1	W/O TABLE □ \$1,100	FOR OFFICE USE ONLY		
Package B (Up to 300 lbs) Package C (Up to 500 lbs) Package D (Up to 200 lbs, 4	or more booths only)	□ \$1,317 □ \$1,342 □ \$1,177	□ \$1,210 □ \$1,235 □ \$1,070	DEPOSIT PAYMENT	DATE	
*Booth packages are priced to display. Onsite upon load		DATE				
have pre-purchased within yo Additional fees are \$138.50 p	CONFIRMED BOOTH NUMBER(S)					
PAYMENT				AUTHORIZED BY		
		NE)	J MASTERCARD	CHECK	CREDIT CARD	
CARD NUMBER			EXPIRA	TION DATE		
NAME OF CARD HOLDER			SIGNAT	SIGNATURE		
BILLING ZIP CODE			CVC# (3	CVC# (3 DIGIT CODE)		
QUESTIONS? PLEASE CONTAC Sue Triphahn, IAPD Conference		ciation of Park Di	stricts, 4476 Sundance	e Circle, Hoffman Estates	, IL 60192	

P: 847/496-4449 F: 847/496-5246 E: striphahn@lLparks.org

Yellow – Accounting