



EXHIBITOR CONTRACT
ILCA Summer Snow Days
July 25-26, 2018
Pheasant Run Resort
St. Charles, IL



General Information

• **Booths:**

Each Peninsula and Inline booth includes:

- 8' back drape
- 3' side drape
- ID sign
- (2) registrations
- Listing on website and in show program

- **Booth assignments will be made to completed contracts based on the date of receipt. Booths will be assigned on a first come, first serve basis.**

- A completed contract consists of:
 - **signed contract**
 - **certificate of insurance**
 - **exhibitor registration information**
 - **60% deposit (at a minimum)**

- Please register your attendees and any additional booth staff over your allotment, online at ilca.net.

- ▶ **Keep this page for your records**

Product Demonstration Area

We will have an outdoor space set aside for demonstration purposes. New equipment may be demonstrated at no cost. Please let us know if you would like to utilize this demonstration area.

☐ Yes, I would like to utilize outdoor space along with my booth.

Booth Type/Fees:

Please refer to the floor plan to see the types and location of each booth.

<u>Type</u>	<u>Member</u>	<u>Non-Member</u>
Island	\$2,400	\$3,200
Premium Aisle	\$1,200	\$1,600
Deluxe Corner	\$900	\$1,200
Deluxe Inline	\$800	\$1,050
Inline	\$700	\$950

IMPORTANT!

PLEASE CAREFULLY READ THE 2018 ILCA SUMMER SNOW DAYS EXHIBITOR CONTRACT INFORMATION PRIOR TO SIGNING THIS AGREEMENT.

YOUR SIGNATURE ON THIS CONTRACT INDICATES YOUR AGREEMENT WITH ALL TERMS IN THE FORTHCOMING EXHIBITOR MANUAL.



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SECTION ONE: COMPANY INFORMATION

(Company Name: as you want it to appear on the ILCA website, site map, attendee handout & promotional materials)

Company: _____

Address: _____

City/State/Zip: _____

Contact: _____

Phone: _____

Contact E-mail: _____

SECTION TWO: EXHIBITOR STAFF REGISTRATION

Please indicate the two people who will staff your booth.

1. Name: _____

Email: _____

2. Name: _____

Email: _____

SECTION TWO: BOOTH(S)/FEES

Total # of Booths: _____ Booth Type: _____

Rate Type: (Member or Non-Member): _____

Booth Choice #(s): (see site map at www.ilca.net/summer-snow-days)

1st Choice _____

2nd Choice _____

3rd Choice _____

Total Due: BOOTHS \$ _____

► **Return this page to ILCA**

SECTION THREE: PAYMENT

Please fill-in the TOTAL DUE for each section

PAYMENT IN FULL \$ _____

OR

60% DEPOSIT \$ _____

(charged upon receipt of application)

40% BALANCE DUE \$ _____

(charged on June 25, 2018)

GRAND TOTAL DUE: \$ _____

☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

Card# _____

Expiration date _____ CVV: _____

Email for receipt: _____

☐ Check enclosed payable to: ILCA
Mail to: ILCA, 2625 Butterfield Road, Suite 104S
Oak Brook, IL 60523
or Fax to: 630-472-3150

CHECKLIST:

Please note that booth assignments will not be made unless all contract information requirements are fulfilled.

I have enclosed the following:

☐ **Certificate of Insurance (Required by Host)**

☐ **Signed Contract** ☐ **60% Deposit or Payment in Full**

On behalf of the Exhibitor named above, the undersigned authorized agent of the Exhibitor agrees to be bound by the terms and conditions contained herein and in the ILCA Summer Snow Days Exhibitor Contract book, which I understand are incorporated herein by reference as if fully set forth herein.

Signature _____ Date _____

For more information on Summer Snow Days, please visit www.ilca.net/summer-snow-days.
Questions? Call AnneMarie Drufke at 630-472-2851, or email adrufke@ilca.net