

**Exhibit Space Application/Contract**

**Mailing Information**

**Information** (As it should appear in Attendee Registration Packet)

Contact Name	Company Name	
Title	Company Name (continued)	
Company	Address	
Address	City/State/Postal code	
City/State/Postal code	Phone	Fax
Phone	Fax	Website
E-mail	E-mail	

**Product Description (50 word limit for use Attendee Registration Packet)** Please clearly indicate ™, ®, or © as necessary. Description must be received by ISHA by December 11, 2009 to be included in the Attendee Registration Packet. Attach on separate sheet, if necessary.

**Space Requested (Please indicate booth choices in order of preference):**

	<b>Booth No(s)</b>	<b>Booth Size</b>	<b>Corner Requested</b>	<b>Check Services Required</b>
1 <sup>st</sup> Choice	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Electrical
2 <sup>nd</sup> Choice	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Water/Drain
3 <sup>rd</sup> Choice	_____	_____	<input type="checkbox"/> Does not matter	<input type="checkbox"/> Steam/Air
<b>Friday-Only Recruiter</b>	<b>*Booth Number Assigned by ISHA</b>	_____	*(Booths 104, 106, 108, 112, 114, 116, 120, 122, 124 & 126 will be used for the Friday-Only Recruiter Section)	

**Exhibit Rates:** Note: Standard exhibit booth size is 10'x10' Corner surcharge for any booth: \$50 per corner

- Returning for-profit exhibitors whose contract and deposit is received by September 11, 2009: \$8.00 per square foot
- Returning non-profit exhibitors whose contract and deposit is received by September 11, 2009: \$5.00 per square foot
- For contracts (with deposits) received after September 11, 2009:  
 For-profit - \$10.00 per square foot; Non-profit - \$7.00 per square foot

**Payment Schedule:** If space is contracted: Prior to 12/11/09 50% Deposit Required, on or after 12/11/09 Full Payment Required

**Refund Policy:** If all or a portion of space is canceled prior to 12/11/09, full refund less \$100 processing fee; On or after 12/11/09, no refund unless entire exhibit hall is sold out and booth is resold, then a full refund less \$100 processing fee will be issued.

The undersigned, hereafter called the Exhibitor, hereby applies for space in the Illinois Speech-Language-Hearing Association's (ISHA) 50<sup>th</sup> Annual Convention to be held at the Donald E Stephens Convention Center, Rosemont, Illinois, February 12 – 13, 2010. The Exhibitor understands this becomes a valid contract when accompanied by the proper payment and ISHA's confirmation of the signed contract. The Exhibitor understands assigned space will be charged at the rates shown above. The Exhibitor hereby acknowledges receipt of, and agrees to abide by, the EXHIBITOR RULES AND REGULATIONS as printed separately in the 2010 Exhibitor's Prospectus which are made a part of this contract by reference and fully incorporated herein, and to all conditions under which exhibit space at the Donald E. Stephens Convention Center is leased to the Illinois Speech-Language-Hearing Association.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Payment:**  Check  VISA/MasterCard **Amount Enclosed or to be charged:** \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Cardholder Signature \_\_\_\_\_ Exp Date \_\_\_\_\_

\*\*\*\*\*

**FOR ISHA USE ONLY** **BOOTH ASSIGNED** \_\_\_\_\_ **SIZE** \_\_\_\_\_ **# CORNERS** \_\_\_\_\_

Booth Cost: \$ \_\_\_\_\_ Corner Cost: \$ \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_ Received: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Accepted for ISHA by: \_\_\_\_\_  
 (ISHA FEIN #37-0954618)

\_\_\_\_\_ Date Contract Accepted by ISHA