

Illinois Association for Health, Physical Education, Recreation & Dance



affiliated with
MID-WEST ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE
and the
AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE

EXHIBITOR CONTRACT FIFTY THIRD ANNUAL CONVENTION

November 20 and 21, 2008

**PHEASANT RUN RESORT
4061 EAST MAIN STREET
ST. CHARLES, IL 60174
(630) 584-6300**

Please reserve exhibit space at the Illinois Association for Health, Physical Education, Recreation and Dance convention on November 20th and 21st, 2008. This reservation is made subject to the rules and regulations within this contract.

FIRM NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX _____

CONTACT PERSON _____

(Print Name)

CONTACT PERSON E-MAIL ADDRESS _____

(Print Address)

DATE OF APPLICATION _____

The price of exhibit space is \$600.00 for a 10' booth and \$1,000.00 for a double booth. This includes a \$100.00 contract fulfillment fee refundable at the conclusion of the exhibit hours on Friday, November 21, 2008. The rental fee includes a draped booth, one six foot table, one chair and a fifty word or less write-up in the printed program if received by the printer's deadline of September 1, 2008.

Other display items, additional furniture, or electrical services are available for rent at standard rates through Pheasant Run Resort, 4061 East Main Street, St. Charles, Illinois 60274, (630) 584-6300, Fax (630) 584-9831. All such requirements must be ordered in advance so that they are ready when the exhibits open. A service packet will be sent to exhibitors with order forms.

All exhibit materials must be kept within the booth space contracted for.

AFFILIATES

Action for Healthy Kids*American Heart Association*Consortium to Lower Obesity in Chicago Children*Illinois Association for Supervision and Curriculum Development*Illinois Athletic Directors Association*Illinois Coaches Association*Illinois Chapter American Academy Pediatrics*Illinois Coalition for Adapted Physical Education*Illinois Nutrition Education Training*Illinois Elementary School Association*Illinois Girls Coaches Association*Illinois High School Association*Illinois Athletic Trainers Association*Illinois School Health Association*Mid-American Chapter-American Red Cross*St. Louis Dairy Council*Suburban High School Association for Department Chairs of Health and Physical Education*

TYPE OF BOOTH: (Please check)

One Space _____ 8' X 10' @ \$600.00 Two Spaces _____ 8' X 20' @ \$1,000.00

Three Spaces _____ 8' X 30' @ \$1,500.00 Four Spaces _____ 8' X 40' @ \$1,975.00

(The above fees include the \$100.00 refundable contract fulfillment fee.)

Please indicate your choice of booths. Every effort will be made to accommodate your selection.

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

If your choices are not available, we will fax openings to you.

SHIPPING: Exhibit material or equipment may be sent prepaid according to the Drayage information in the Exhibitors Service Packet, For: IAHPERD. All shipments must include name of the firm and the number of the assigned booth.

EXHIBIT SET-UP: Wednesday, November 19th from 2:00 pm to 8:00 pm
 Thursday, November 20th from 6:00 am to 7:45 am

EXHIBIT HOURS: Thursday, November 20th from 7:45 am to 5:00 pm
 Friday, November 21st from 7:45 am to 3:00 pm

SECURITY: The resort will exercise all reasonable care for the protection of the exhibitors' displays. For your protection the entire exhibit area will be locked down each evening.

EXHIBITOR'S AGREEMENT: To assume all risks of loss, damage or injury to exhibitor's merchandise. To pay all expenses of transportation, unloading, unpacking, loading and storage of their merchandise. To complete the arrangement of the booth display no later than 7:45 am on November 20, 2008. To keep the booth manned as per published exhibit hours, and you may not cover and close your exhibit space early.

All decorative materials must be fire-resistant, aisles must be kept clear and exhibit materials will not be allowed outside the booth area.

The Exhibitor shall be responsible for all charges beyond those supplied with the booth rental.

The Exhibit Area has carpeting on the floor.

The Exhibitor shall indemnify and hold harmless the Pheasant Run Resort and the Association from any claims or liability for injury or damage resulting from exhibitor's acts and participation hereunder and to carry public liability insurance sufficient for this purpose.

It is EXPRESSLY UNDERSTOOD that in purchasing and using space in the exhibit area, the exhibitor agrees to abide by these rules, hours, and regulations.

Each Exhibitor will be allowed two representatives per booth space. Attendants must be bona fide employees of the exhibiting firm. Exhibitors shall not assign nor sub-let space allotted to them and may not advertise nor display goods other than those manufactured or sold by them in their regular course of business. The space assigned to an exhibitor is for their own exclusive use.

EXHIBITOR BOOTH PAYMENT

A Non-Refundable Down Payment is due at the time of execution of the contract.

1 Booth	\$200 Down <u>\$400</u> Due by 09/26/08 \$600 Total	2 Booths	\$ 300 Down <u>\$ 700</u> Due by 09/26/08 \$1,000 Total
3 Booths	\$ 400 Down <u>\$1,100</u> Due by 09/26/08 \$1,500 Total	4 Booths	\$ 500 Down <u>\$1,475</u> Due by 09/26/08 \$1,975 Total

Final Payments must be received by September 26, 2008. A notice will be sent during the middle of August.

_____	_____	
Authorized Signature	Position	
_____	_____	
Print Name	Credit Card Number	
_____	_____	_____
Amount IAHPERD to Charge Card	Expiration Date	Security Code

IAHPERD only accepts these credit cards

Visa / MC/ Discover

IAHPERD will not grant a refund if an exhibitor cancels after October 17, 2008.

Return a signed contract (all pages must be returned), your check payable to the Illinois Association for Health, Physical Education, Recreation and Dance and your write-up of fifty words or less for the printed program to:

Robert McBride
Executive Director
IAHPERD
P. O. Box 1326
Jacksonville, IL 62651
iahperd@mchsi.com

(217) 245-6413
(217) 245-5261 Fax

Write up must be received by 9/1/2008.

**ILLINOIS ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION,
RECREATION AND DANCE**

Exhibitor Information

FIRM NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX _____

CONTACT PERSON _____
(Print Name)

CONTACT PERSON E-MAIL ADDRESS _____
(Print Address)

Each Exhibitor will be allowed two representatives per booth space. Attendants must be bona fide employees or representatives of the exhibiting firm.

NAME OF PERSON (S) TO REPRESENT FIRM: PLEASE PRINT ALL NAMES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Program Write-up: _____
(50 words or less) **Deadline – September 1st.**

BOOTH ASSIGNMENT COMPLETED BY IAHPERD _____