

2010 IIA of Illinois Convention Showcase

Exhibitor Opportunities

October 6-8 • Crowne Plaza • Springfield, IL
Tradeshow is Thursday, October 7th Only!

Exhibit Space Registration Form

Paperwork Contact: _____

Company: _____

Type of Business Product: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Website (Link will be posted on IIA of IL's convention website): _____

Exhibit Booth Rates:

Member:	\$999
Non-Member:	\$1,700

Company Name as you would like listed on all Showcase recognition:

Booth Total: \$ _____

Booth Selection: (See Floor Plan)

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

Booth Cost Includes:

- A Professionally draped 8' x 10' exhibit space
- A 6' table
- Two folding chairs
- A one-line standard booth ID sign
- List of your company in the Official Convention Program.
- Attendance listing by email upon request.
- Opportunity to include your company's information on a USB drive distributed to all attendees.
- Attendance for two (2) booth workers for all events on Thursday including CE classes, continental breakfast, luncheon, & themed reception.
- Participation in our virtual tradeshow at www.iaofillinois.org/convention2010 with linkage to your website.

IIA of IL reserves the right to adjust floor plan as necessary. The following Exhibitor hereby requests that the Independent Insurance Agents of Illinois (IIA of IL) reserve exhibit space for the Exhibitor at IIA of IL's Convention Showcase 2010 to be held on October 7, 2010 at the Crowne Plaza, Springfield, Illinois. Exhibitor's request for space is subject to IIA of IL acceptance. Exhibitor agrees to adhere to the IIA of IL Convention Showcase rules and regulations. IIA of IL reserves the right to approve or reject exhibit applicants. Exhibitor hereby releases IIA of IL and Crowne Plaza from all damages and expenses caused by or related to any act or omission of IIA of IL and Crowne Plaza with respect to the Convention Showcase. As used herein, "IIA of IL and Crowne Plaza" includes anyone acting for or on behalf of IIA of IL or Crowne Plaza, as a member, agent, director, officer, shareholder, employee or independent contractor. Certificate of Insurance required at time of booth reservation with "Independent Insurance Agents of Illinois" named as additional insured.

Cancellations: Full refund before 8/1/10. From 8/1/10 to 8/15/10, a 50% cancellation fee will apply. No refunds after 8/15/10.

Full payment due with form submission. Booth space will not be reserved until payment is received.

Limit of four (4) representatives in booth. Please use separate "Booth Worker Registration Form" to register workers.

Method of Payment

Check MasterCard Visa AmEx

Card #: _____ Exp. Date: _____

Signature: _____

Return form to:

Shannon Churchill
IIA of IL Convention Showcase
P.O. Box 3352 • Springfield, IL 62708-3352
(217) 793-6660, ext. 3004 • Fax: (217) 391-1144
info@iaofillinois.org • www.iaofillinois.org