

“The Dynamic Child IV: Essential Abilities for Life”
February 19, 2011
Kaneland High School, Maple Park, IL

Exhibit Space Application

Exhibits are open from 7:45 a.m. to 1:40 p.m. Vendor space is limited. Space will be confirmed upon receipt of application. Please submit early. All applications must be received by January 26, 2011.

Exhibitor Information

Company Name: _____

Company Contact: _____

Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ FAX: _____

E-mail: _____

Website: _____

For-Profit _____ Non-Profit _____

Name(s) of representatives attending conference and phone number(s) if different than above:

1. _____ Phone: _____

2. _____ Phone: _____

Please provide a brief description of your organization, product, services, etc.:

Exhibit Fee: \$ 200 per 8' table space.

INCLUDES: up to 2 complimentary registrations (for those staffing exhibit), 8' covered exhibit table, listing of company name and website in program, 1 box lunch for each attending staff (limit 2), 1-2 chairs, and name tags. Exhibitor must provide their own AV equipment if desired. Please check appropriate space if access to an electrical outlet is requested.

► **Full page (5” wide x 7.5” high) black and white ad spaces are available in the conference program for a fee of \$75.00 each. Half page (5” wide x 3.5” high) ads are available for \$50.** Acceptable file formats for ads include pdf, jpg, tiff, or eps and should be submitted to **media@hbhb.org** by the registration deadline of **January 26, 2011.**

Please check or fill in the appropriate spaces:

Our organization requires _____ exhibit table(s)

Electrical outlet requested: YES _____ NO _____

Box lunch choice(s) (limit: 2) Beef Sub _____ Turkey Sub _____ Vegetarian Sub _____ GFCF _____

Cost per table \$ 200 x # of tables _____ = Total Exhibit Fee \$ _____

Program ad \$75 full page / \$50 half page x # of ads _____ = Total Ad Fee \$ _____

Total amount enclosed with application = Total enclosed \$ _____

Full payment is required with submission of application. Payment may be made by check, money order or cashier check payable to Hoofbeats & Heartbeats Association, a registered 501c3 charitable organization. We regret that Hoofbeats & Heartbeats Association does not have credit card capability.

Send completed application and payment to:

Hoofbeats & Heartbeats Association
47W635 Beith Road
Maple Park, IL 60151
Attention: Jane Grillo
1-630-584-5883

I have read the enclosed Exhibitor Terms & Conditions and agree to abide by them.

Signature _____

Title _____

Date _____

For Hoofbeats & Heartbeats Use Only:

Date received _____

Check Number: _____

Confirmation sent _____

Table assignment # _____