



SPACE CONFIRMATION

Complete this Space Confirmation, listing booth preferences. Fax it to **630-385-4006**. Upon receipt, we'll call to confirm. After confirmation, we'll send an Exhibitor Agreement to you, which must be signed and returned within five (5) days (address below). A deposit must accompany your reservation or it will automatically cancel.

FALL 2009

Sep 19 & 20 **NORTHWEST SUBURBS**
Harper Expo Hall - Palatine, IL Booth #'s _____ Deposit \$ _____

Oct 3 & 4 **CENTRAL DUPAGE COUNTY**
College of DuPage - Glen Ellyn, IL Booth #'s _____ Deposit \$ _____

Oct 17 & 18 **SOUTHWEST SUBURBS**
Homer Glen Megaplex (near Orland) Booth #'s _____ Deposit \$ _____

SPRING 2010

Feb 13 & 14 **SOUTH SUBURBS**
The Pavilion; Oak Lawn Booth #'s _____ Deposit \$ _____

Feb 20 & 21 **NORTHWEST SUBURBS**
Harper Expo Hall - Palatine Booth #'s _____ Deposit \$ _____

Feb 27 & 28 **CENTRAL LAKE COUNTY**
Lake County Fairgrounds, Grayslake Booth #'s _____ Deposit \$ _____

Mar 20 & 21 **CENTRAL DUPAGE COUNTY**
College of DuPage - Glen Ellyn Booth #'s _____ Deposit \$ _____

Mar 27 & 28 **KANE COUNTY - ST CHARLES**
Kane County Fairgrounds, St Charles Booth #'s _____ Deposit \$ _____

Apr 10 & 11 **SOUTHWEST SUBURBS**
Homer Glen Megaplex (near Orland) Booth #'s _____ Deposit \$ _____

Apr 17 & 18 **SOUTHEAST DUPAGE COUNTY**
Darien Sportsplex - Darien Booth #'s _____ Deposit \$ _____

Apr 24 & 45 **N FOX VALLEY**
Vaughan Center - Aurora Booth #'s _____ Deposit \$ _____

A \$300 deposit per show must accompany your reservation. Total Deposits \$ _____

Company _____ Rep Name _____

Address _____ City _____ St _____ Zip _____

BUS PHN (_____) _____ CELL (_____) _____ FAX (_____) _____

E-Mail _____ Web Site (for referral) _____

Product / Service: _____
Be very specific, including brands - makes - models, for show Product / Service listings.

Rental & Services (invoiced separately): Table # _____ Chairs # _____ Electric (Cost varies - call for details.)

Companies we prefer NOT to be near: _____

Payment Options

● Check# _____ Check Dt ____/____/____ Amt. \$ _____ Payable to "The Home ShowS, Inc."

● Charge (circle) MasterCard Visa AmEx Discover _____ - _____ - _____ SIC/CSV _____
Security Code

Cardholder Name (print) _____ Exp. Dt. ____/____/____

Same as above, or
Card Address _____ City _____ St _____ Zip _____

Signature _____ Today's Dt. ____/____/____

The Home ShowS, Inc. ~ Producer Since 1986
P.O. Box 808 Oswego, IL 60543

PHN 630-385-4000 FAX 630-385-4006 ChicagoHomeShow.Net