



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 2010

Sept 18 & 19 **SOUTHEAST DUPAGE COUNTY**
 Darien Sportsplex – Darien Booth #'s _____ Deposit \$ _____

Oct 2 & 3 **CENTRAL DUPAGE COUNTY**
 College of DuPage - Glen Ellyn, IL Booth #'s _____ Deposit \$ _____

Oct 9 & 10 **KANE COUNTY – ST CHARLES**
 Kane County Fairgrounds, St Charles Booth #'s _____ Deposit \$ _____

SPRING 2011

Feb 19 & 20 **SOUTH SUBURBS**
 The Pavilion; Oak Lawn Booth #'s _____ Deposit \$ _____

Feb 26 & 27 **FOX VALLEY**
 Vaughan Center – West Aurora Booth #'s _____ Deposit \$ _____

Mar 12 & 13 **NORTHWEST SUBURBS**
 Harper Expo Hall – Palatine Booth #'s _____ Deposit \$ _____

Mar 19 & 20 **CENTRAL DUPAGE COUNTIES**
 College of DuPage - Glen Ellyn Booth #'s _____ Deposit \$ _____

Mar 26 & 27 **KANE COUNTY – ST CHARLES**
 Kane County Fairgrounds, St Charles Booth #'s _____ Deposit \$ _____

Apr 2 & 3 **SOUTHWEST SUBURBS**
 Comfort Inn Conference Center, Orland Booth #'s _____ Deposit \$ _____

Apr 9 & 10 **SOUTHEAST DUPAGE COUNTY**
 Darien Sportsplex – Darien 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

REV: 2010-04-21