

APPLICATION FOR EXHIBIT SPACE
Illinois State Bar Association - Solo and Small Firm Conference
Hilton Springfield
Springfield, IL
October 21 & 22, 2010

In accordance with the Rules and Regulations governing the exhibits to be held at the Solo & Small Firm Conference of the Illinois State Bar Association at the Hilton Springfield in Springfield, Illinois, October 21 & 22, 2010, the undersigned hereby makes application for exhibit space.

COST OF EXHIBIT

Table Top Exhibit Only- \$450 includes wireless Internet, one (1) – 6’ skirted table, two (2) chairs, one (1) small waste can, one (1) 110 –volt, 20 amp electrical outlet, and (1) Badge for exhibitor (each additional person will be charged at \$40.00)

Refreshment breaks may be hosted for an additional \$400 each.

My company will host a refreshment break..... \$400 each

Please check if you wish to be contacted about other conference sponsorship opportunities

Raffle Prize(s): All exhibitors are encouraged to provide a raffle prize to be awarded at the conference in the exhibit area. Drawings will be held throughout the events scheduled in the exhibit area.

My company will provide a prize for a drawing

Friday Lunch Buffet: All exhibitors are invited to the lunch buffet at 11:20 a.m.

I/We plan on attending

TOTAL PAID _____

PAYMENT OF EXHIBIT SPACE

Full payment for exhibit space is due with this application. Space assignment will not be guaranteed before complete payment has been received. Make checks payable to the “Illinois State Bar Association”.

ISBA accepts MasterCard, Visa, Discover, or American Express. Please complete the following:

MC Visa AmExp Discover

Card# _____ Exp. Date _____

Cardholder Name (please print) _____

Cardholder Signature _____

IMPORTANT!!!

CONTACT INFORMATION & REPRESENTATIVE’S NAMES (see below)

Along with your company’s DESCRIPTION (see back)

Will be used in the Conference Program Guide, which is distributed to all attendees.

PLEASE COMPLETE ENTIRE FORM (FRONT AND BACK).

CONTACT INFORMATION:

Name of Company _____

Address _____

City _____ State _____ Zip _____

Company Contact _____ Title _____

E-mail _____ Phone _____

Signature _____ Fax _____

REPRESENTATIVES:

The following person(s) will be staffing our exhibit table space and will need exhibitor identification badges (please print). Each additional person will carry a charge of \$40.00:

Names(s): _____

Link to Company Website from Conference Web page:

Please provide Website URL for link: _____

DESCRIPTION:

Please provide a brief statement (50 words or less) of the products and services that will be displayed. This description will appear in the Conference Program Guide.

ASSIGNMENT OF EXHIBIT SPACE:

Applications will be handled on a first-come, first-served basis and accepted until space is sold out. Space assignments will be made with full consideration given to the amount of space required, date of receipt of application, competing products, and general grouping of exhibits for proper display and comparison.

Please specify companies and/or products you would like to be near or away from:

Near to _____ Away from _____

Doesn't Matter _____

Limited space is available. You are encouraged to make your reservations early!

FORWARD COMPLETED APPLICATION AND PAYMENT TO:

**Illinois State Bar Association
Attn: Janet M. Sosin, Director of Bar Services
20 S. Clark St., Suite 900
Chicago, IL 60603
FAX: (312) 726-9071**