



The Home Shows, Inc. – Chicago Home Shows

Producer Since 1986

P.O. Box 808 Oswego, IL 60543

PHN 630-385-4000 FAX 630-385-4006

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 50% non-refundable deposit must accompany your reservation or it will automatically cancel.

FALL 2017

Oct 7 & 8 SOUTHWEST SUBURBS
Orland Park Sportsplex Booth #'s _____ Location _____ Deposit \$ _____

SPRING 2018

Jan 27 & 28 SOUTH SUBURBS
The Pavilion; Oak Lawn Booth #'s _____ Location _____ Deposit \$ _____

Feb 17 & 18 SOUTHWEST SUBURBS
Georgios Banquet Hall, Orland Booth #'s _____ Location _____ Deposit \$ _____

Feb 24 & 25 KANE / KENDALL COUNTY
Vaughan Center – West Aurora Booth #'s _____ Location _____ Deposit \$ _____

Mar 10 & 11 CENTRAL DUPAGE COUNTIES
Sheraton Lisle – Lisle Booth #'s _____ Location _____ Deposit \$ _____

Mar 17 & 18 KANE COUNTY – ST CHARLES
Kane County Fairgrounds, St Charles Booth #'s _____ Location _____ Deposit \$ _____

Apr 7 & 8 SOUTHEAST DUPAGE COUNTY
Darien Sportsplex – Darien Booth #'s _____ Location _____ Deposit \$ _____

Chicago Pet Show 2017 (2 PER CATEGORY \$975 (1) or \$880 (2+ shows))

Apr 29 & 30 SOUTH SUBURBS
The Pavilion; Oak Lawn Booth #'s _____ Location _____ Deposit \$ _____

Sept 16 & 17 LAKE COUNTY
Libertyville Sportsplex Booth #'s _____ Location _____ Deposit \$ _____

Nov 11 & 12 KANE COUNTY – ST CHARLES
Kane County Fairgrounds, St Charles Booth #'s _____ Location _____ Deposit \$ _____

A 50% non-refundable deposit 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. ____/____/____