

**Exhibitor
Registration
Form**



**Saturday
August 27, 2011
9:00 AM – 2:00 PM**

2011 Community Expo & Health Fair

Hadley School * 15731 Bell Road * Homer Glen

Company Name: _____ Contact: _____
Address: _____ City: _____
Phone: _____ E-Mail: _____

Table Reservations

Members:

____ # table(s) @ \$100 **Early Bird Special for Members
If paid before July 8, 2011!
____ # table(s) @ \$140 (With payment received after July 8)

Non-Members:

____ # table(s) @ \$275 each

Non-Profit

____ # table(s) @ \$75
(Must provide 501 (c) 3 w/ registration form)

Extras:

____ Electric @ \$25
(Limited, first register basis)
____ New Exhibitor @ \$20
(Administration fee)

Reservations include
use of: 8-foot space,
skirted table, chairs,
banner & advertising.

Health Fair

____ Yes, I can provide the following Tests or
Screenings:

Volunteering

____ I can volunteer the day of the event
____ Assist with Set-up Friday 4-6 PM
____ Assist with Tear-down Saturday 2-4 PM

Sponsorship Opportunities

- \$ _____ Monetary Raffle Prize (\$100 minimum)
(Promote your business by sponsoring the annual Chamber Expo raffle – Sponsorship required by July 8)
The Chamber will use the donations to purchase raffle prizes under your business name.
- \$ _____ Animal Event & Show (Exclusive \$500)
- \$ _____ Face Painter (Exclusive \$250)
- \$ _____ Children's Theme Character (Exclusive \$250)
- \$ _____ Entertainment (\$30 each)
- \$ _____ Variety Performer (Exclusive \$250)
- \$ _____ Bingo (Exclusive \$300)
(Have your company name appear on every Bingo Card)
- \$ _____ Classic Car Show Awards – (\$30 each)
(Have your company name & info appear on an award that is given away to a Top Ten 'Best Car of Show' winner)

**Would you like a great way
to advertise your business?**

*Would you like to help support the
Community Expo but can not attend?*

Sponsor one of these events!

Your business name will be prominently
displayed at each event!

Payment

____ Check Enclosed
(Payable to Homer Township Chamber of Commerce)

____ VISA ____ MasterCard ____ Discover
Card # _____
Exp. Date ____/____ Total Amount: \$ _____
Signature _____

Registration

**Please return the signed Indemnification Form (on
reverse side), completed Registration Form & Full
Payment to:**

Homer Township Chamber of Commerce
15801 S. Bell Road, Suite 220, Homer Glen, IL 60491
(708) 301-8111 (phone) * (708) 301-2751 (fax)

office@homerchamber.com
www.homerchamber.com

The Homer Township Chamber of Commerce
Community Expo - Health Fair
Indemnification Agreement

I acknowledge full responsibility for all my activities conducted as an Exhibitor at the 2011 Homer Township Chamber of Commerce Community Expo and Health Fair to be held on August 27, 2011, at Hadley School (District 33C), 15731 S. Bell Road, Homer Glen, IL. I agree to hold the Homer Township Chamber of Commerce, and Hadley School (District 33C) and any event organizers or coordinators harmless and to indemnify the Homer Township Chamber of Commerce, Hadley School (District 33C) and any event organizers or coordinators for any and all claims and damages arising out of my operation pursuant to the 2011 Homer Township Chamber of Commerce Community Expo - Health Fair. This indemnity is intended to be full and complete and shall include claims made by me and/or any third parties and shall include any losses and/or damages sustained by me and/or the Homer Township Chamber of Commerce, the Hadley School (District 33C) and any event organizers and coordinators including but not limited to judgments for damages and reasonable attorney's fees.

Company

Name and Title printed

Signature

Date _____, 2011

Your signed agreement must accompany your Expo Exhibitor Application.