



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 2018

Oct 6 & 7 **SOUTHWEST SUBURBS**
Orland Park Sportsplex Booth #'s _____ Section _____ Deposit \$ _____

SPRING 2019

Jan 26 & 27 **SOUTH SUBURBS**
The Pavilion; Oak Lawn Booth #'s _____ Section _____ Deposit \$ _____

Feb 23 & 24 **KANE / KENDALL COUNTY**
Vaughan Center – West Aurora Booth #'s _____ Section _____ Deposit \$ _____

Mar 09 & 10 **CENTRAL DUPAGE COUNTIES**
Sheraton Lisle – Lisle Booth #'s _____ Section _____ Deposit \$ _____

Mar 16 & 17 **KANE COUNTY – ST CHARLES**
Kane County Fairgrounds, St Charles Booth #'s _____ Section _____ Deposit \$ _____

Mar 30 & 31 **SOUTHEAST DUPAGE COUNTY**
Darien Sportsplex – Darien Booth #'s _____ Section _____ Deposit \$ _____

Apr 13 & 14 **SOUTHWEST SUBURBS**
Orland Park Sportsplex Booth #'s _____ Section _____ 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. ____/____/____