



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

To book your space: Complete this Space Confirmation, listing booth preferences and desired section (Upgraded Premier, Premier, Middle or Back. Then, email to info@chicagohomeshow.net or 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 2019

Sept 28 & 29 SOUTHWEST SUBURBS
Orland Park Sportsplex

Booth #'s _____ Section _____ Deposit \$ _____

SPRING 2020

Jan 25 & 26 SOUTH SUBURBS
The Pavilion; Oak Lawn

Booth #'s _____ Section _____ Deposit \$ _____

Feb 22 & 23 FOX VALLEY
Vaughan Center – West Aurora

Booth #'s _____ Section _____ Deposit \$ _____

Mar 14 & 15 CENTRAL DUPAGE
Sheraton Lisle – Lisle

Booth #'s _____ Section _____ Deposit \$ _____

Mar 21 & 22 KANE COUNTY
Kane County Fairgrounds, St Charles

Booth #'s _____ Section _____ Deposit \$ _____

Mar 28 & 29 SOUTHEAST DUPAGE
Darien Sportsplex – Darien

Booth #'s _____ Section _____ Deposit \$ _____

Apr 4 & 5 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. ____/____/____