



# ROCKFORD CHAMBER OF COMMERCE BUSINESS EXPO

## APRIL 17, 2010

### EXHIBITORS APPLICATION AND CONTRACT

Application is hereby made by the undersigned EXHIBITOR this \_\_\_\_\_ day of \_\_\_\_\_ 2010, for booth space at the Rockford Chamber of Commerce Business Expo, to be held at the Rockford Community Building, Rockford, OH on Saturday, April 17, 2010 from 9:00 a.m. to 2:00 pm.

The booth space being applied for herein will be used for the exhibit of:

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**NO OTHER USE OF THE SPACE WILL BE PERMITTED WITHOUT WRITTEN APPROVAL OF THE  
ROCKFORD CHAMBER OF COMMERCE**

The EXHIBITOR desires \_\_\_\_\_ full size booth(s) for a total cost of \$ \_\_\_\_\_.

The Rockford Chamber of Commerce reserves the right to unilaterally select the location of EXHIBITOR'S booth(s) at any time before or during the show unless an agreement with EXHIBITOR has been made.

Payment for participation in the show shall be based upon a total cost of ***\$50.00 per booth for Chamber members and \$125.00 for non-members (booth size approx. 10'x8')***. ***If you are not currently a Chamber member but would like to join, you may submit the Chamber dues of \$45 with your booth fee of \$50.00 to enjoy a savings from the non-member fee (total combined \$95).*** The booth(s) fee is required to be submitted with this application. This must be returned to the Rockford Chamber of Commerce by **March 29, 2010** to reserve your space at this event. **No booth will be erected without the application and fee being submitted.**

**ADDITIONAL TERMS AND ANY RULES OR REGULATIONS ATTACHED HERETO AND/OR ISSUED PRIOR TO THE EXPO ARE  
PART OF THIS AGREEMENT**

Booth(s) may be set up on Friday, April 16 between 6-9 pm. Booth(s) must be ready for exhibition no later than 8:30 a.m. on Saturday, April 17. No display may be removed before 2:00 on April 17. Booth(s) must be completely removed from the building no later than 3:00 on Saturday, April 17 unless special arrangements have been made with the Rockford Chamber of Commerce.

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BUSINESS NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_ # OF BOOTHS \_\_\_\_\_ AMT ENCLOSED \_\_\_\_\_

Will your booth display require electric? Yes or No Would you like to participate in the demonstrations? Yes or No

**PLEASE SIGN AND RETURN WITH BOOTH FEE TO:  
ROCKFORD CHAMBER OF COMMERCE  
PO BOX 175  
ROCKFORD, OH 45882**