

FRANKFORT CHAMBER OF COMMERCE 2019 ANNUAL COMMUNITY SHOWCASE EXHIBITOR REGISTRATION FORM

OFFICE USE ONLY

Company: _____
 Contact Name/Title: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ Cell: _____
 Website: _____ E-Mail: _____

Date _____ Booth Number _____
 # of Spaces _____ Electric _____
 Type of Business _____
 Insurance _____ Payment _____



Booth Sizes 10' Wide X 10' Deep -- Booths Include a 2 1/2' X 8' Table, Tablecloth, Skirting, Booth Number and Wireless Internet Connection

Chamber Member Booth (EARLY BIRD Special) <small>(Includes \$50 discount if registered by February 15, 2019)</small>	\$125.00	<input type="checkbox"/>
Chamber Member Booth (After February 15, 2019)	\$175.00	<input type="checkbox"/>
Chamber Member Non-Profit Booth	\$100.00	<input type="checkbox"/>
Additional Table (with tablecloth and skirting)	\$25.00	<input type="checkbox"/>
Booth Electric (FIRST 30 BUSINESSES) <small>*(Limit not to exceed 4 amps or 500 watts & only one electric item per booth)</small>	\$50.00	<input type="checkbox"/>
Item to be plugged in: _____		
Chamber Member ADDITIONAL Booths (for registered exhibitor only)	\$75.00	<input type="checkbox"/>
Products Available For Sale? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If you are selling food, it must be pre-packaged. No open food can be handed out to guests)</small>		
Chamber Member "Taste of the Showcase" Food Booth <small>*(Excludes Electric & Will County Health Department)</small>	\$125.00	<input type="checkbox"/>
List Taste Menu: _____		
Non-Chamber Member Booth	\$450.00	<input type="checkbox"/>
Payment Method: <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card: provide to right		

Please describe display (list items over 100 pounds) and examples of any merchandise for sale

Make all checks payable to the Frankfort Chamber of Commerce, 123 Kansas Street, Frankfort, IL 60423. Upon receipt of exhibitor registration and payment, Exhibitor also agrees to Showcase rules and regulations that were mailed.

Booth Exhibitors must submit a copy of Certificate of Liability Insurance (COI) covering your exhibit for a minimum of \$100,000. Please list the Frankfort Chamber of Commerce and Lincoln-Way East High School as additionally insureds.

CREDIT CARD INFORMATION

Company Name: _____

First Name (on Card): _____ Last Name (on Card): _____

Address (on Card): _____

City: _____ State: _____ Zip: _____

Master Card Visa Discover AmEx

Card Number: _____

Exp Date: ____ / ____ / ____ V-Code: _____

Signature: _____

Type of Business: _____

Raffle Basket Donation (\$50 minimum value)

Item(s) Donated: _____

The undersigned Exhibitor agrees that it will, at all times after the date of this Agreement, save Frankfort Chamber of Commerce and Lincoln-Way High School harmless and keep said indemnified: (a) From and against all costs, claims, expenses and damages, including expert and attorney's fees, arising from the operation by the Exhibitor of a booth at the Community Showcase on March 16, 2019; and, (b) By reason of any action or other proceeding which shall or may be brought or instituted against the said Frankfort Chamber of Commerce and Lincoln-Way High School for or in respect of the operation of said booth at said Community Showcase concerning its stock in trade, effects and premises, or for or in respect of the recovery of the several sums of money which might be due and owing from the exhibitor in respect of their operations including all cost, claims, expenses and damages.

Authorized Signature: _____ Date: _____