

LOCKPORT CHAMBER OF COMMERCE

2010 Community Business Expo & Health Fair

Located at Lockport Township High School - 1333 E. Seventh Street

Saturday, March 27th – 10:00 AM – 3:00 PM

Payment **MUST** accompany completed form

Exhibitor Registration Form

Business/Organization _____

Address _____ City _____ Zip _____

Phone _____ Fax _____

Contact _____ E-Mail _____

Health Fair

Yes, I can provide a test or screening:

Type of Test or Screening: _____

Concession Area

Yes, we are interested in space in Concession Area

List food/beverages: _____

PERMIT REQUIRED

Table Reservations

Exhibit space includes: 8X8 foot space. 8 foot skirted table and two chairs, entertainment, advertising and janitorial services.

_____ # of tables @ \$110 member (Cost after 3/1) –
SEE EARLY BIRD PRICE

_____ # of tables @ \$50 non-profit group

_____ # of tables @ \$250 non-member
(non-member fee includes 2010 membership!!)

Yes I need electric service @ \$30 per space
(You must provide your own 50' extension cord)

Yes, banner needed No, I will use my own.

_____ I will provide table covering at Expo

_____ I will have food sampling at my booth

Early Bird Registration Due 03/01/10

Early Bird Cost: \$100.00 Check (enclosed)

Visa Mastercard

_____ Exp. Date ____/____/____

Security Code: _____ \$ _____ **Total Amount**

Check payable to: **LOCKPORT CHAMBER OF COMMERCE**

Mail form and payment to: 921 S. State Street, Lockport,
IL 60441; 815-838-3357

www.lockportchamber.com

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Volunteering

Assist with set up Friday 7-10 PM

Assist with tear down Saturday 3-5 PM

Donations

Yes, we will donate a door prize. Please list
donation. _____

I/we _____ agree to abide by all rules and regulations which are a part of this application.
Acceptance of this application by the Lockport Chamber of Commerce constitutes a contract.

AUTHORIZED SIGNATURE _____ DATE _____