



Illinois Food Retailers Association

with Co-Host

Grocery Merchandising Association



ANNUAL CONFERENCE & EXPO

Wednesday, September 29, 2010

Hilton Garden Inn - Champaign, IL

Exhibit Trade Show Authorization

AGREEMENT FOR THE RENTAL OF EXHIBIT SPACE

WHEREAS, the Illinois Food Retailers Association will rent exhibit space at the Annual Conference on Wednesday, September 29, 2010, at the Hilton Garden Inn, Champaign, Illinois, and

WHEREAS, the undersigned desires to lease exhibit space at the above-referenced 2010 Conference.

THEREFORE, the Illinois Food Retailers Association and undersigned exhibitor enter into the following Agreement:

The Illinois Food Retailers Association will provide:

1. A Standard 8 x 10 booth with backdrop drapery, a skirted table, 2 chairs, an identification sign to exhibitors; and
2. Exhibit service kit with electrical order blanks to exhibitor at a later date.
3. **Official show day: This year's Expo will be on Wednesday, September 29, 2010, at the Hilton Garden Inn, 1501 S. Neil Street, Champaign, Illinois 61820.**
Official hours: 12:00 p.m. - 3:00 p.m.

In consideration of the service provided by the Illinois Food Retailers Association as described above, undersigned exhibitor agrees to:

1. Pay \$650.00 per booth to the Illinois Food Retailers Association.
2. Assume responsibility for its own electrical requirements and insurance.
3. Indemnify and hold the Illinois Food Retailers Association and the Hilton Garden Inn and their respective officers, directors, employees, and agents, harmless against and in respect of all demands, claims, actions or causes of action, assessments, losses, damages, liabilities, judgments, costs and expenses (including attorney's fees), asserted against or imposed upon or incurred by the Illinois Food Retailers Association or the Hilton Garden Inn resulting from the installation, removal, maintenance, occupancy or use of the exhibit space.
4. Exhibitor represents and warrants that the undersigned is authorized to bind the firm described below.

Agreed to this date of _____.

Name: (Please Print) _____ Email: _____

Firm: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____

Number of Booths: _____ x \$650.00 eachTotal _____

Payment Method: Check enclosed. Please invoice me. Please charge my credit card.
 American Express VISA MasterCard Discover

Account #: _____ Exp. _____

Name on account: _____ Signature _____

MAIL or FAX this form to:

Illinois Food Retailers Association, 1919 South Highland Avenue, Lombard, Illinois 60148
630-627-8100 Toll Free IL: 800-624-6712 FAX: 630-627-8106
email: ilfood@ilfood.org www.ilfood.org