



**Chicago Exhibitor Package
August 6-8, 2011**

Corporate Contact Info: PLEASE WRITE LEGIBLY- This will be printed in the showbook

(Corporate Name)

(Street Address)

(City/State/Zip Code)

(Telephone #)

(Fax #)

(Corporate Contact)

(Cell Phone #)

(Email)

Attending Executives/Sales Representatives:

(Name)

(Street Address)

(City/State/Zip Code)

(Phone #)

(Fax #)

(Email)

Link to your company website, Facebook page, etc – we will add this to our website.

Attending Executives/Sales Representatives:

(Name)

(Street Address)

(City/State/Zip Code)

(Phone #)

(Fax #)

(Email)

(Attach additional page if necessary)

Patti Maibauer - 22220 Cranbrook Rd. Boca Raton, FL 33428
954-254-6114 (cell) – 561-451-0069 (fax)
pjlambdin@hotmail.com

MAX August 6-8, 2011

Exhibitor Requirements

Total Show Fees: \$225.00 \$225.00

Contract Deadline: due **6-15-2011**

Retailer Raffle Giveaway: \$10.00

Tables:
(Available @ \$30.00 per) X \$30.00 = \$.

Additional Rooms required _____

Showbook Advertising:

Full page – color \$40.00 \$.
Back cover – color \$200.00 \$.
Inside back – color \$100.00 \$.
Inside front – color \$100.00 \$.

Total including tables & additional rooms
(Checks or Credit Cards via Paypal) \$.

Hotel night guarantee: (3 nights) @ \$ 129.00
(Aug. 6th check in – checkout Aug. 9th, 2011)

Show Hours: Saturday 4:00 PM – 8:00 PM
Sunday 9:00 AM – 8:00 PM
Monday 9:00 AM – 5:00 PM

Early Check in (arrival date) _____
Extended stay (departure date) _____

All room reservations will be guaranteed with 30 day cancellation requirement.

**** Make Checks payable to: MAX/Patti Maibauer
22220 Cranbrook Rd. Boca Raton, FL 33428**

Exhibitor acknowledges that he/she has read all conditions as set for in the agreement between themselves/company and MAX. Any and all change request to this agreement must be made in writing. The terms and conditions of this agreement are entered into between MAX and Vendor and are effective the date of this agreement. MAX is not liable to vendor under any circumstance for any consequential, special, punitive, or indirect damages of any kind, including but not limited to lost profits or opportunities. Any termination of this contract without prior written approval may result in forfeiture of monies previously paid. A \$50.00 late fee will be added to all contracts not received by July 15, 2011. A \$50.00 service fee will be assessed for all returned checks with replacement payment due in the form of cashier's check or money order only.

(Signature) (Title) (Date)

MAX August 6-8, 2011

General Information: (Write legibly – This will be printed in the showbook and on your doorsign.)

Company Name_____

Line Listings_____

NOTES:

- **Notify Patti Maibauer if there are any additional room requirements (including sleeping rooms).**
- Contact Hotel directly for advance shipments and storage (be sure to include MAX on packages – storage fees apply)
- Check in time is 2:00 PM Saturday, August 6th.

Hotel Information:

Embassy Suites
1445 Lake Cook Road
Deerfield, IL 60015
847-945-4500

Credit Card Information:

(For hotel room guarantee only)

Credit Card Type_____ Number_____

Name on Credit Card_____

Expiration Date_____/_____

Please read carefully:

Check in begins at 2:00 PM on Saturday, August 6th, 2011.

Show hours are: Sat 4:00 – 8:00 PM

Sun 9:00 – 8:00 PM.

Mon 9:00 - 5:00 PM

Please print legibly to ensure proper listings.

No credit cards will be charged for rooms until check in.

No cancellations will be allowed without prior written notice.

No smoking in non-smoking rooms. (You may be fined)

AMENITIES

The following amenities are included with your stay:

- * Full cooked-to-order breakfast
- * Reception from 5:30-7:30pm nightly including snacks
- * All two-room suites
- * Wireless internet service
- * Baggage storage will be available (fee required)

Advertising:

| | |
|--------------------------------|-----------------|
| Full page – black/white | \$45.00 |
| Back cover – color | \$250.00 |
| Inside back – color | \$150.00 |
| Inside front – color | \$150.00 |

