



**BOOTH RESERVATION / DEPOSIT FORM
2020 IAPD/IPRA Soaring to New Heights Conference
Hyatt Regency Chicago, January 23-24, 2020**

Please complete this Reservation Form and submit with your payment. A deposit of \$300 per booth is required when reserving booth space(s). Return completed form to Sue Triphahn at striphahn@ilparks.org, mail to 4476 Sundance Circle, Hoffman Estates, IL 60192 or fax to 847/496-5246. **Make checks payable to IAPD.**

This reservation form and payment of the \$300 deposit per booth will serve as a tentative agreement to reserve booth(s) space for the 2020 IAPD/IPRA Soaring to New Heights Conference to be held at the Hyatt Regency Chicago, January 23-24, 2020.

In July 2019, your online log in credentials to access the exhibitor portal and exhibitor prospectus will be emailed to your company's main contact. Final booth payments will be accepted through the exhibitor portal and due **no later than September 27, 2019. Any unpaid booth space may be released, resold and deposit forfeited after September 27, 2019.**

All cancellations must be done in writing and submitted to Sue Triphahn at the above contact information. Cancellations received by July 15, 2019 will receive a refund of the deposit paid, less a \$25 per booth processing fee. Cancellations received between July 15, 2019 and October 14, 2019 will receive a refund of the deposit(s) paid, less a \$100 per booth processing fee. **NO refunds will be processed after October 14, 2019.**

Main Contact _____
All information/correspondence regarding the show will be sent to this contact person.

Company Name _____

Address _____

City/State/Zip _____

Phone _____ Main Contact Email (Required) _____

Signature _____

NOTE: A \$300 deposit per booth and this reservation form are required to reserve your booth(s).

Booth(s) Choice: First _____ Second _____ Third _____
*Each booth is 8' Deep x 10' Wide

Questions? Contact Sue Triphahn at striphahn@ilparks.org or call 847/496-4449

METHOD OF PAYMENT: We accept Visa, MasterCard or American Express credit cards.

Check # _____ (Please make checks payable to IAPD.) Visa MasterCard American Express

Credit Card Number _____

Name on Credit Card _____

CVC # _____ Expiration Date _____ Billing Zip Code _____

Signature _____

Number of booths reserving: _____ Amount to be Charged _____

FOR OFFICE USE ONLY:

Confirmed Booth #: _____ Number of booths _____ Date: _____

Payment: \$ _____ Payment received by: Credit Card Check # _____