



2020 Vendor Contract

Contract for Exhibit Space

Illinois Horse Fair March 6-8, 2020

Firm Name		Main Phone	
ContactName		Alt Phone	
Address		Email	
City		Website	
State, Zip		Emergency Contact	

Please Describe Product/Service/Association for Promotional Purposes:

For further information, feel free to contact Event Secretary at Phone: 217/689-4224, Ext 1
or Email Vendor Manager: vendorillinoishorsefair@gmail.com

Email completed forms to ihf@horsemencouncil.org **OR** mail both form and payment to:
Illinois Horse Fair, PO BOX 13374 Springfield IL, 62791



EXPO BUILDING	Total Sq. Ft.	Price	Total
10 X 10 Booth	100 sq ft	\$395	
Booths adding up to:	101 to 399 sq ft	\$3.75 sq ft	
Bulk space	400 to 799 sq ft	\$3.50 sq ft	
Bulk space	800 sq ft and up	\$3.00 sq ft	
Discount on above booths ONLY			
Must be paid in full to receive discount	Must be Post Marked by:		
	August 1, 2019	Less 20%	-
	December 1, 2019	Less 10%	-
<i>Below not eligible for discounts</i>		Subtotal	
Table Top	N/A	\$125	
10 x 8 Booth	80 sq ft	\$316	
Non-Profit***	10x10	\$260	
End Cap or Corner Booth	Premium Upgrade	\$100	
Electric Service		\$50	
Outdoor Bulk Space		Call for Location	
Outdoor Bulk (min 200 sq. ft.)	_____sq ft	\$1.25 sq ft	
Outdoor Bulk (min. 2000 sq. ft)	_____sq ft	\$1 sq ft	
Outdoor trailer display	Per trailer	\$150.00	
		Subtotal	
Credit Card Processing Fee		+ 5% Total	
Less Deposit made		Less	-
		Grand Total	

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Preferred Booth Numbers _____ #1 _____ #2 _____ #3

- See rules for included passes with space reservations
- *** Current HCI membership is REQUIRED for the non-profit rate. Join at www.horsemenscouncil.org

PAYMENT METHOD:

Check or money order accepted. Credit/Debit Accepted with 5% Processing Fee.
\$35 fee for returned checks.

I wish to pay by Check/Money Order \$ _____
I wish to pay by Credit/Debit Card(5% fee applies) \$ _____

Card Type _____

Cardholder Name: _____ (Please Print)

Cardholders Address: _____

City, State, Zip _____

_____ - _____ - _____ Exp. ____/____

3-digit Code _____
(Card Information may also be confidentially provided by calling 217.689.4224, Ext 1)

Cardholder Signature _____ Phone (____) _____ - _____

AGREEMENT: I hereby authorize Horsemen’s Council of Illinois/Illinois Horse Fair to reserve space for me. I agree to pay any remaining charges by 12/1/2019. The authorized signature on this contract signifies that I have read and understand the rules and regulations (See Vendor/Exhibitor Rules for additional insurance requirements) set forth by the Horsemen’s Council of Illinois/Illinois Horse Fair for participation in this event and agree to abide by the same.

Exhibitor’s Signature

Date

IHF Official Signature

Date

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