



**Contract for Food Vendor Space
Illinois Horse Fair March 6-8, 2020
Due December 1, 2019**

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

Please list items from your menu 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
Main Floor: 100 sq. ft minimum		\$3.95 sq. ft	
Outdoor Bulk Space		Call for Location	Total
Outdoor Bulk (min 200 sq. ft.)	_____sq. ft	\$1.25 sq. ft	
Premium Space Upcharge **	#	Price	Total
10 x 10 end cap or corner		Add \$100 per booth	
Other Fees	#	Price	Total
Electric Service		\$50.00	
ISF Daily Fee: \$25 per day	3	\$75.00	
Additional Passes available online after 2/1/2020			
Late Fee After 01/15/2020		\$100.00	
Sub Total			
Credit Card Processing Fee		5% Total	
GRAND TOTAL			

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

- See rules for included passes with space reservations
- ** Applies to 10 x 10 end caps, and 10 x 10 corner spots

PAYMENT METHOD:

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

I wish to pay a 50% deposit by Check/Money Order (balance due 1/15/2020) \$ _____

I wish to pay in full by Check/Money Order \$ _____

I wish to pay minimum 50% deposit a Credit/Debit Card \$ _____

(Deposit includes %5 Processing Fee, All Info Requested Below is Required)

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 1/15/2020. 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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