



## 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](mailto:vendorillinoishorsefair@gmail.com)

Email completed forms to [ihf@horsemencouncil.org](mailto: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	
<b>Discount on above booths ONLY</b>			
<b>Must be paid in full to receive discount</b>	<b>Must be Post Marked by:</b>		
	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	
<b>End Cap or Corner Booth</b>	<b>Premium Upgrade</b>	<b>\$100</b>	
<b>Electric Service</b>		<b>\$50</b>	
<b>Outdoor Bulk Space</b>		<b>Call for Location</b>	
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	
		<b>Subtotal</b>	
<b>Credit Card Processing Fee</b>		<b>+ 5% Total</b>	
<b>Less Deposit made</b>		<b>Less</b>	-
		<b>Grand Total</b>	

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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](http://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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