



PSO/Illinois' Child Care Association

900 Beloit Avenue, Forest Park, IL 60130

Phone 708-204-7824 • Fax 708-689-0356

Email: psocca@sbcglobal.net

Dear Vendor,

We would like to invite you to the 30th annual, PSO/ICCA 2012 Insights Conference & Trade Show being held on January 20-21, 2012 at the Wyndham- Lisle Hotel located on Warrenville Road in Lisle, Illinois.

PSO values our vendors and exhibitors and to support your sales we provide each participant one time slot on Saturday for their trip to the vendor hall. Our 2011 Insights Conference was a new beginning of rebuilding for our association and your continued support of Insights is a key building block in returning our conference to the attendance numbers of years past.

- ▶ Rates continue at a reduced rate due to the continuing economic distress in our state. **For \$250** each vendor or exhibitor receives (1) a skirted table, (2) complimentary lunch on Friday with the owner/director attendees and (3) participation in our Friday night reception with our conference owners/directors. Additional tables can be secured for \$40 per table.
- ▶ Hotel accommodations are available to make at your own expense, however the hotel has a complimentary rate of \$85 per night.
- ▶ Vendors or exhibitors will receive a membership list of the association immediately following the conference **and become a PSO associate member by participating in Insights.**

The set up for the conference begins at Noon on Friday. All vendors or exhibitors are to be fully set up by 3:30 p.m. on Friday the 20th. The opening night reception combined with a sneak preview for the owners & directors of child care facilities will be held on January 20, 2012 from 4:00 – 7:00 p.m.

To participate in the Insights Conference & Trade Show please send the enclosed contract back with your payment of \$250 per booth space and any additional applicable fees. Space assignment will be made on a first come, first serve basis with fully paid contracts.

If you have any questions, please contact PSO/ICCA via email at psocca@sbcglobal.net or through the phone numbers listed below. We look forward to serving you this coming year!

Sincerely Yours,

Harriet Cohen & Anita Scott, Vendor Co-Chairs, Conference Committee

Suzanne Logan, President, PSO/ICCA

708-204-7824

Alice Foss, PSO Staff

217-741-1497

TERMS and CONDITIONS - INSIGHTS 2012, 30th ANNUAL TRADE SHOW AND CONVENTION

CONTRACT

This application properly executed by Application (Vendor) shall, upon written acceptance and notification of space assigned by PSO/ ILLINOIS CHILD CARE ASSOCIATION, constitute a valid and binding contract.

ASSIGNMENT OF SPACE

Space assignments will be made only upon receipt of a signed contract and \$250.00 fee. Assignment of space is final. After assignment, space location may not be changed, transferred or canceled except upon written request with the subsequent written approval of PSO/ILLINOIS' CHILD CARE ASSOCIATION.

EXHIBIT SPACE RENTAL

Each space will have a skirted table, 6ft in length. Additional tables may be secured for \$40 each. Two chairs will be provided as well.

DUE DATE FOR FEES

Contracts must be returned by November 15, 2011. Contracts received after November 15, 2011 will incur a late fee of \$100.

CANCELLATION BY PSO / ILLINOIS' CHILD CARE ASSOCIATION

In THE EVENT THAT THE Premises (Wyndham Hotel – Lisle, IL.) in which the Trade Fair is conducted shall become, in the sole discretion of PSO/ICCA, unfit for occupancy, or substantially interfered with by reason or cause not reasonably within the control of PSO/ICCA, this agreement shall be terminated. Should PSO/ICCA terminate this agreement, the Vendor waives any and all claims for damages.

CANCELLATION BY VENDOR

In the event it is necessary for a Vendor to terminate this contract for any reason, a \$75.00 per space service fee will be deducted from the space rental fees and the rest will be refunded, as long as the cancellation is made by November 30, 2011. **All cancellations received on December 1, 2011 and after will not be eligible for a refund of any kind.**

DEMONSTRATIONS, SOLICITATIONS & RECRUITMENT

No demonstrations or solicitations shall be permitted outside of the Vendor's assigned space, and no signs or placards may be displayed on persons or otherwise outside of exhibit space. No recruitment for employment for any purposes is permitted during the Trade Show. If this should occur, you will be asked to leave without a refund.

COMPLIANCE

The Vendor assumes all responsibility for compliance with all pertinent ordinances, regulations and codes of duly authorized local, State and Federal governing bodies concerning fires, safety and health, together with the rules and regulations of the operators and/or owners of the property where the show is held.

MANAGEMENT

The Vendor further agrees that the conditions, rules and regulations of PSO/ICCA management are made a part of this contract and that said Vendor agrees to be bound by each and all of these rules and regulations and that the management shall have the full power to interpret, amend and enforce the rules and regulations in the best interest of the show.

SET-UP AND REMOVAL

Exhibit area will be open at **Noon on Friday, January 20, 2012 for set up**. All spaces must be set-up no later than **3:30 PM** on that day, and shall remain open during exhibit hours on Friday evening and Saturday.

Vendors may not begin removing materials until 2:00 PM on Saturday, January 21, 2012 and all display materials must be removed by 5:00 PM on that day. Electrical, Internet, Phone and the availability of cartage and warehouse services as well as the costs for these services may be obtained by contacting hotel. These services are **NOT** included in your registration fee.

INSIGHTS' 2012 TRADE SHOW CONTRACT

We hereby apply for exhibit space in the 2012 PSO/ILLINOIS' CHILD CARE ASSOCIATION 30th Annual Convention and Trade Fair, Insights' 2012, Friday, January 20 and Saturday, January 21, 2012.

(Please print legibly or type name to be placed on booth signs)

NAME OF FIRM _____

LOCAL CONTACT NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

Number of Tables requested _____ (Booth Space & first table is \$250.00, additional tables at \$40.00 each)

Products or services to be exhibited _____

PAYMENT SCHEDULE

\$250 for first Table requested: _____

\$40 per additional table(s): _____

One Complimentary Friday Lunch Provided;
\$25 per Additional lunches for Friday: _____

Late fee after Nov. 30, 2011 _____ (\$100.00)

Total due for space: _____ \$ _____

If paying by credit card, please complete the following

Card Type Visa: ___ MasterCard: ___ Amount: _____

[VISA or MASTERCARD only]

Credit Card #: _____

Exp. Date: _____ CVV#: _____

Name on Card: _____

Address on Card: _____

Signature: _____

If paying by check Mail contract along
with check to:
PSO/ICCA

900 Beloit Avenue

Forest Park, IL 60130

If paying by credit card you may fax
contract to: FAX: 708-689-0356 or mail to
the PSO/ICCA address above

Please make checks payable to **PSO/ILLINOIS' CHILD CARE ASSOCIATION.** Complete and return the entire application with payments to:

Insights' 2012 PSO/ILLINOIS' CHILD CARE ASSOCIATION
900 Beloit Avenue, Forest Park, IL 60130
Phone: 1-708-204-7824 FAX: 708-689-0356

Please list the people who will monitor your booth(s). You will receive Badges on the day of the convention.

1. _____ 2. _____ 3. _____

Please list the people who will be attending the Friday lunch, if applicable:

1. _____ 2. _____ 3. _____

To whom should we address exhibit correspondence and bulletins? Most correspondence will be done via email.

Name and Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Email: _____

All of the terms and conditions set forth above are hereby incorporated into this agreement with the same force and effect as though on this page. Please sign in the space below to verify that you have read, understand and accept the terms of this agreement. If your application to exhibit is accepted at the Insights Conference, a copy of this agreement signed by an authorized representative of PSO/Illinois' Child Care Association will be sent to you.

AGREED TO BY- Presenter

AGREED TO BY- PSO/Illinois' Child Care Association

Name of Authorized Representative

Name of Authorized Representative

Signature of Authorized Representative Date

Signature of Authorized Representative Date