



October 1-3, 2019
The Crowne Plaza
3000 S. Dirksen Pkwy • Springfield, IL

EXHIBITOR OPPORTUNITIES

Exhibit Space Registration Form - NEW FORMAT - Tradeshow on Wednesday, October 2nd - 3-6:30 PM

Paperwork Contact: _____

Company: _____

Type of Business Product: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website (Link will be posted on the IIA of IL CONVO website): _____

Exhibit Booth Rates:

Member:	\$999
Non-Member:	\$1,799
Non-Member*:	\$1,999
*Includes one year IIA of IL Membership	

Company Name as you would like listed on all CONVO 2019 recognition:

Booth Total: \$ _____

Booth Selection: (See Floor Plan)

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ 4th Choice: _____ 5th Choice: _____
6th Choice: _____ 7th Choice: _____ 8th Choice: _____ 9th Choice: _____ 10th Choice: _____

Booth Cost Includes:

- A professionally draped 8' x 10' exhibit space
- A 6' table
- Two folding chairs
- Trash can
- A one-line standard booth ID sign
- List of your company in the official CONVO 2019 Program.
- Attendance for two (2) booth workers for entire CONVO.

- Inclusion on the IIA of IL's Mobile App for the Event.

Description of your operations

IIA of IL reserves the right to adjust floor plan as necessary. The following Exhibitor hereby requests that the Independent Insurance Agents of Illinois (IIA of IL) reserve exhibit space for the Exhibitor at IIA of IL's **CONVO 2019 to be held on Wednesday, October 2, 2019** at the Crowne Plaza, Springfield, IL. Exhibitor's request for space is subject to IIA of IL acceptance. Exhibitor agrees to adhere to the IIA of IL CONVO 2019 rules and regulations. IIA of IL reserves the right to approve or reject exhibit applicants. Exhibitor hereby releases IIA of IL and Crowne Plaza from all damages and expenses caused by or related to any act or omission of IIA of IL and Crowne Plaza with respect to CONVO 2019. As used herein, "IIA of IL and Crowne Plaza" includes anyone acting for or on behalf of IIA of IL or Crowne Plaza, as a member, agent, director, officer, shareholder, employee or independent contractor. Certificate of Insurance required at time of booth reservation with "Independent Insurance Agents of Illinois" named as additional insured.

Cancellations: Full refund before 8/1/19. From 8/1/19 to 8/15/19 a 50% cancellation fee will apply. No refunds after 8/15/19

Full payment due with form submission. Booth space will not be reserved until payment is received.

Use "Tradeshow Workers Registration Form" to register workers, which will be provided when available.

Please email a copy of your logo in an eps, jpeg or pdf file that is 300 dpi to convention@iiaofil.org

Method of Payment

☐ Check ☐ MasterCard ☐ Visa ☐ AmEx

Card #: _____ Exp. Date: _____

Signature: _____

Return form to:

Tami Hubbell
IIA of IL Convention Tradeshow
P.O. Box 3352 • Springfield, IL 62708-3352
(217) 793-6660, ext. 3016
convention@iiaofil.org www.iiaofil.org