

Exhibitor Registration Form
(Please complete and return form by **May 29, 2014.**)



Institute for Collaboration's
Active Adult Committee Presents
Safety for all Ages – A Safer, Healthier YOU!
Thursday, June 5, 2014
Prisco Community Center
150 W. Illinois Ave., Aurora
10:30 a.m. to 1:30 p.m.

Partner Agency	_____		
Address	_____		
City	_____	State <u>IL</u>	Zip _____
Contact Person	_____		
Phone Number	_____	Fax	_____
E-mail	_____		Website _____

Exhibitor Partnership Agreement

Partner Agency agrees to provide: <ul style="list-style-type: none"> • Resource materials, and giveaway items (optional) • Provide your own tablecloth 	Planning Committee agrees to provide: <ul style="list-style-type: none"> • Booth: 8 foot table, and two chairs 		
<p>On the day of the event, exhibitor staff agrees to:</p>			
<ul style="list-style-type: none"> • Arrive <u>30 minutes</u> prior to start of event for set up • Staff booth at all times 	<ul style="list-style-type: none"> • Arrive for set-up by 10:00 a.m. • Exhibitors' time schedule will be: <ol style="list-style-type: none"> 1. Open from 10:30 a.m. until 1:30 p.m. 2. Break-down at 1:30 p.m. • Interact with participants 		
<p>Additional information/requirements</p>			
My agency will provide the following screening (s) and/or service (s):			
1. _____	2. _____	3. _____	4. _____
The following staff will be representing my agency the day of the event:			
1. _____	2. _____	3. _____	4. _____
Do you need access to an electrical outlet? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Signature and Title of Authorized Person

Date

Send completed form to: Debbie Smith via E-mail: dsmith@fvpd.net or Fax: 630-897-6896 Questions: 630-966-4555
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