



**BOOTH RESERVATION FORM
2015 IAPD/IPRA Soaring to New Heights Conference
Hyatt Regency Chicago, January 22-23, 2015**

Please complete this Reservation Form and submit with your check or credit card **at your scheduled sign-up time**. Reservation forms will not be accepted before **January 23, 2014**. A deposit of \$300 per booth is required when reserving booth space(s). If you are filling this form out after **January 24, 2014**, fax to Sue Triphahn at 847/496-5246 or email striphahn@ilparks.org or mail to 4476 Sundance Circle, Hoffman Estates, IL 60192. Make checks payable to IAPD.

The Reservation Form and payment of the \$300 deposit per booth will serve as a tentative agreement to reserve booth(s) space for the 2015 IAPD/IPRA Soaring to New Heights Conference to be held at the Hyatt Regency Chicago, January 22-23, 2015.

In July 2014 the Exhibitor Prospectus will be sent to all exhibitors with reserved booth space and paid booth(s) deposit. The exhibit contract will be included with the prospectus – **this must be completed, signed and returned with the final balance no later than September 22, 2014**. Any unpaid booth space may be released, resold and deposit forfeited after **September 22, 2014**.

All cancellations must be done in writing and submitted to Sue Triphahn at the above contact information. Cancellations received before July 14, 2014 will receive a refund of the deposit paid, less a \$25 per booth processing fee. Cancellations received between July 15, 2014 and October 13, 2014 will receive a refund of the deposit(s) paid, less a \$100 per booth processing fee. **NO refunds will be processed after October 13, 2014.**

Contact Person _____
All information/correspondence regarding the show will be sent to this contact person.

Company Name _____

Address _____

City/State/Zip _____

Phone _____ Email (Required) _____

Signature _____

NOTE: A \$300 deposit per booth and this reservation form are required to reserve your booth(s).

Booth(s) Choice: **First** _____ **Second** _____ **Third** _____

(Office use only) Authorization Signature #1: _____ **Authorization Signature #2:** _____

METHOD OF PAYMENT: We accept only Visa or MasterCard credit cards.

Check # _____ (Please make checks payable to IAPD.) Visa MasterCard

Name on Credit Card _____ Billing Zip Code _____ CVC # _____

Credit Card Number _____ Expiration Date _____

Signature _____ Amount Charged _____

FOR OFFICIAL USE ONLY!

Accepted By: _____ Confirmed Booth(s): _____

Payment: \$ _____ Payment received By: Credit Card Check # _____

Date: _____