

# MARKET XCHANGE

2400 DEVON, DES PLAINES, IL 60018

## EXHIBITOR APPLICATION

JULY 20-25, 2017

THANK YOU for your interest in exhibiting with us.  
Please note that payment is required for applications to be processed.  
Exhibit space cannot be guaranteed until all exhibit fees are paid in full.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE/FAX \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

Exhibit Registration Fee \$250. Exhibit Registration Fee ( \_\_\_\_\_ ) If paid after due date.

	Each	Quantity	Total
<input type="checkbox"/> 10 x 10	\$950	_____	___\$950__
<input type="checkbox"/> 10 x 20	\$850	_____	\$1,700.00
<input type="checkbox"/> 10 x 30	\$800	_____	\$2,400.00
<input type="checkbox"/> 10 x 40	\$750	_____	\$3,000.00
<input type="checkbox"/> 10 x 50 Limited Space - Call for availability		_____	_____
<input type="checkbox"/> 6' x 30" Banquet	\$19	_____	_____

- |                          |  |       |       |       |
|--------------------------|--|-------|-------|-------|
| <input type="checkbox"/> | 6' x 18" Conference Table                                  | \$19  | _____ | _____ |
| <input type="checkbox"/> | Additional Chairs  | \$5   | _____ | _____ |
| <input type="checkbox"/> | Hanging Display Boutique Costumer with Signage             | \$40  | _____ | _____ |
| <input type="checkbox"/> | Vignette Display Space in Buyer's Lounge 3' x 3'           | \$50  | _____ | _____ |
| <input type="checkbox"/> | Linens available to rent. Call for style, color, and size. |       | _____ | _____ |
| <input type="checkbox"/> | Credit Card Payments Incur 5% Processing                   |       | _____ | _____ |
| <input type="checkbox"/> | Electrical   | \$50  | _____ | _____ |
| <input type="checkbox"/> | Security Deposit   | \$200 | _____ | _____ |

## MARKET XCHANGE

2400 Devon  
 Des Plaines, IL 60018  
 312-350-5905  
 312-275-8794 (fax)  
[management@marketxchangeshowroom.com](mailto:management@marketxchangeshowroom.com)

SIGN & RETURN VIA EMAIL, FAX, OR MAIL

Deadline Due Date \_\_\_\_\_

CHECK # \_\_\_\_\_ CHECK \$ \_\_\_\_\_ CHECK DATE \_\_\_\_\_  
 (Make check payable to: Association Mix)

Credit Card: Visa/Master Card/American Express

(Name) \_\_\_\_\_

(Number) \_\_\_\_\_

(Exp. Date) \_\_\_\_\_ (Security code) \_\_\_\_\_

By submitting this application to exhibit, I acknowledge and agree to all terms, written and expressed, and will abide by all MARKET XCHANGE policies.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date