



Township Officials of Illinois 110th Annual Educational Conference

Exhibit Participation Request (please print or type)

Name of Exhibiting Organization: (as it should appear on all signage and promotional materials)

Name of Contact Person: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Please indicate applicable category:

_____ Government Agency _____ TOI Associate Company Member _____ Non-member

Booth Type: (see General Exhibit Information for size and cost)

_____ Standard Booth _____ Additional Standard Booth _____ Area Booth

Preferred Booth Request: Refer to floor plan and indicate appropriate number. Every attempt will be made to accommodate your request; however, space will be assigned on a first-come, first-paid basis, therefore please **indicate a first, second, and third choice for your booth space.**

_____ First Choice _____ Second Choice _____ Third Choice

Amount Enclosed _____ Check Number _____
(Payment, made payable to TOI, must accompany Participation Request)

The following representatives will staff our booth. (please print or type names as they should appear on badges). If this information is not known at this time submit to bhale@eventmgtp.com no later than September 22, 2017.

Signature: _____

This request form and payment must be received in the TOI office, 3217 Northfield Dr., Springfield, IL 62702, no later than September 8, 2017 to be included in the October issue of *Township Perspective* and in the Conference Program booklet.

For TOI office use only
Date of Receipt: _____
Booth Assignment: _____