



May 1-3, 2024

Deadline To Receive Discounted Rates:  
April 10, 2024

Please Mail, E-mail or Fax Completed Form to RES:  
9291 West Bryn Mawr, Rosemont, IL 60018 | Fax 847-696-9797  
customerservice@rosemontexpo.com

In order to utilize an Independent Contractor/Display House to perform carpenter labor services for the set-up and dismantle of a booth display at the Donald E. Stephens Convention Center, the exhibiting company must complete the information below and submit the form to RES at least five business day prior to the beginning of the show move-in period.

Note that the responsible supervisor of the EAC must report to the RES Service Center prior to the commencement of set-up. No badges will be issued until all pertinent paperwork, including a Certificate of Insurance, has been submitted to RES. Also, only members of a Carpenter Labor Union with jurisdiction over Trade Show services within the Chicagoland area can be authorized to provide these setup and dismantle services.

I & D Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Exhibitor Will Pay

I & D Co. Will Pay

	Exhibitor Will Pay	I & D Co. Will Pay
FURNITURE:	<input type="checkbox"/>	<input type="checkbox"/>
CARPET:	<input type="checkbox"/>	<input type="checkbox"/>
LABOR:	<input type="checkbox"/>	<input type="checkbox"/>
CLEANING:	<input type="checkbox"/>	<input type="checkbox"/>
FREIGHT:	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRIC:	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ITEMS: _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ITEMS: _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ITEMS: _____	<input type="checkbox"/>	<input type="checkbox"/>

### Credit Card Payment Information for Responsible Party

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV2 Code: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

### Acceptance of this is contingent upon:

*An established satisfactory credit rating with Rosemont Exposition Services by the Display House and return of the notification letter prior to the deadline date. Further, we understand and agree that failure to make payment within 30 days of receipt of invoice will result in a redirection of the invoice to the exhibiting company for full payment and will affect the Display House's future credit standing.*

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized By (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Booth #: \_\_\_\_\_

Order Summary and Payment Sheet MUST accompany this order. All terms and conditions as outlined on the Order Summary and Payment Sheet have been reviewed and understood.

RES Address: 9291 West Bryn Mawr, Rosemont, IL 60018 • RES Telephone: 847-696-2208 • RES Fax: 847-696-9797



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**To: Rosemont Exposition Services**

Please be advised that we will be using an independent contractor of our own choosing to perform carpenter labor services at the Donald E. Stephens Convention Center. We are aware that a responsible representative of our contractor must report to the RES Service Desk on the first day of set-up. No badges will be issued until all pertinent paperwork is in order. Display house must also provide certificate of insurance to RES.

Third Party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

	Exhibitor Will Pay	Third Party Will Pay
<b>FURNITURE:</b>	<input type="radio"/>	<input type="radio"/>
<b>CARPET:</b>	<input type="radio"/>	<input type="radio"/>
<b>LABOR:</b>	<input type="radio"/>	<input type="radio"/>
<b>CLEANING:</b>	<input type="radio"/>	<input type="radio"/>
<b>FREIGHT:</b>	<input type="radio"/>	<input type="radio"/>
<b>ELECTRIC:</b>	<input type="radio"/>	<input type="radio"/>
<b>OTHER ITEMS:</b> _____	<input type="radio"/>	<input type="radio"/>
<b>OTHER ITEMS:</b> _____	<input type="radio"/>	<input type="radio"/>
<b>OTHER ITEMS:</b> _____	<input type="radio"/>	<input type="radio"/>

**Credit Card Payment Information for Responsible Party**

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV2 Code: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized By (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Booth #: \_\_\_\_\_

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