



EXHIBITOR REGISTRATION FORM
WEDNESDAY, March 1, 2017
 Register online at www.dioshday.com

<u>Equipment and Services</u>	<u>Fee</u>	<u>Fee after Feb. 5, 2017</u>
One (1) Draped Exhibitor Display Area	\$400.00	\$525.00
Each additional 10' x 10' Exhibitor Display Area	\$250.00	\$300.00

The fee will include one (1) 8' table, two (2) chairs, identification sign and two (2) lunches. Additional lunches will be available for \$26.00 each. Lunch for exhibitors will begin at 11:00 a.m.; this allows exhibitors to be in the exhibit area during the participants lunch break. The exhibit hall will be available on Tuesday, February 28, 2017 from 2:30 – 6:00pm, and at 6:00am on Wednesday, March 1, 2017 for display setup. **A service packet will be emailed to you (ALLOW 3-4 DAYS) upon receiving your registration. Arrangements for additional equipment, shipping and/or electrical hook-up should be made using the forms provided in the packet.**

Exhibits open at 7:00am the day of the show. Exhibits close at 2:35pm.

_____ Yes- Please reserve an exhibit area at the 26th Annual Downstate Illinois Occupational Safety and Health Day on March 1, 2017

_____ Yes, I will provide a prize for the drawing to be held during the lunch hour.

I. Your Organization Information (please type or print all information legibly)

Main Contact Person _____

Organization Name _____

Mailing Address _____

Telephone Number _____ Fax _____

E-mail Address _____

Type of product or service to be displayed _____

***For placement purposes, please let us know if your exhibit/display produces noise (we will locate your booth where it will least affect other vendors. Yes No

Booth Sign Information _____

II. Your Name Tag Information (please type or print all information legibly)
Provide the information and names you wish to have printed on the tags for your booth.

Company _____

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

We can accommodate only limited changes/additions the morning of the show. Expect a delay however!

III. Summary of Fees (please type or print all information legibly)

One (1) Draped Exhibitor Display Area and two lunch reservations \$ _____
(Fee before Feb. 5th is \$400.00, after Feb. 5th is \$525.00)

_____ Additional 10' x 10' Display Area(s) \$250.00 each (late \$300) \$ _____

_____ Additional Lunch(s) @ \$26.00 each (Two included with booth) \$ _____

TOTAL \$ _____

Register

Online at www.dioshday.com

Fax at 309-637-3300

Mail: DIOSH DAY, 401 NE Jefferson Avenue, Peoria IL 61603-3725

Please make your check payable to DIOSH DAY

Visa Mastercard Discover American Express

Card Number: _____

Expiration Date: _____ CVV code: _____

Cardholder Name (please print): _____

Cardholder Signature: _____

CC Billing Address (if different than listed on 1st page) _____

If you have any questions, please call Gene Veginski at (309) 253-2478 or Edmund T. Dorner, Ph.D., CSP at (309) 452-2175

Please take time to answer the following questions:

Does your organization have a Website? _____ Yes _____ No

Would your organization be interested in having a **FREE Website Link** posted in a "Virtual Vendors Area" on the DIOSH Day web site (www.dioshday.com) after the 2017 event?

Visit our web site to view an example of the information posted. _____ Yes _____ No

If you answered yes to the above questions, please list your Website Address: (Please print clearly!)

The DIOSH Day website is located at www.dioshday.com. Register online today (after it is listed on website, mail in check and form before that date).