

The National Franchise Show

April 6-7, 2024

Deadline To Receive Discounted Rates:
March 22, 2024

EAC/I & D



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

FURNITURE:

☐☐

CARPET:

☐☐

LABOR:

☐☐

CLEANING:

☐☐

FREIGHT:

☐☐

UTILITIES:

☐☐

MISCELLANEOUS ITEMS:

☐☐

Credit Card Payment Information for Responsible Party

Account Number: _____ Expiration Date: _____ CV2 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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Third Party Billing



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customerservice@rosemontexpo.com

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
FURNITURE:	<input type="radio"/>	<input type="radio"/>
CARPET:	<input type="radio"/>	<input type="radio"/>
LABOR:	<input type="radio"/>	<input type="radio"/>
CLEANING:	<input type="radio"/>	<input type="radio"/>
FREIGHT:	<input type="radio"/>	<input type="radio"/>
UTILITIES:	<input type="radio"/>	<input type="radio"/>
MISCELLANEOUS ITEMS:	<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: _____

Display house must also provide certificate of insurance to RES.

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.

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Access Our Website at www.res.rosemont.com

STEP BY STEP ONLINE ORDERING

- 1) **E-MAIL ADDRESS:**
Enter your e-mail address.
- 2) **PASSWORD:**
 - First Time Exhibitor: Click "reset password here".
 - Returning Exhibitor: Use exsisting password or click forgotten password
- 3) **SIGN IN:**
Click the "Log In" button
- 4) **EVENT SELECT:**
Use the pull down menu to select the show you will be attending.
- 5) **SELECT SPACE #:**
Use the pull down menu to select the booth number.
- 6) **ORDERING:**
Click ordering drop down to navigate the various RES Services.
- 7) **CHECKOUT:**
After you have completed your order(s) click on the cart (located in the top right corner).
Review item and make changes if necessary, then click "Proceed to Checkout".
Enter Credit Card info and click "Continue".
An order confirmation will be sent via email upon completion.



For questions and further information please call: 847-696-2208

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Order Summary and Payment



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Rosemont Exposition Services requires pre-payment of all advance orders. Payment may be by check drawn on U.S. Funds Account, MasterCard, Visa, American Express, or Discover Card.

We understand that your calculation is only an estimate of charges, and may not reflect the balance of the final invoice.

Please indicate below method of payment to be used for services provided by ROSEMONT EXPOSITION SERVICES.

_____ CASH
_____ BANK - WIRE TRANSFER
_____ CREDIT CARD
_____ CHECK Check # _____

Check should be made payable to
Village of Rosemont - RES

Bank - Wire Transfer information

Bank transfer to Parkway Bank & Trust Co.

ABA# **071908160** ACCT# **6766928**

International

Bank transfer to Pacific Coast Bankers' Bank

SWIFT# **PCBBUS66** ACCT# **6766928**

(There is a \$25.00 USD fee per each international transfer)

SERVICES AND EQUIPMENT ORDERED	TOTAL FROM ORDER FORMS
Standard Furniture	\$
Standard Booth Accessories	\$
Custom Furniture	\$
Carpet Rental	\$
Exhibit Rental	\$
Pegboard Rental	\$
VU Case Rentals	\$
Signage & Graphics	\$
RES Extras	\$
Floral	\$
Photography	\$
Electrical Service	\$
Plumbing Service	\$
Cleaning	\$
Internet & Telecommunications	\$
Computer Rental	\$
Audio Visual	\$
Material Handling	\$
Carpenters	\$
Riggers	\$
Decorators	\$
Electricians	\$
Net Amount Due	\$

Payment Information for Credit Cards

☐ MasterCard

☐ VISA

☐ American Express

☐ Discover Card

Account Number: _____ Expiration Date: _____ CV2 Code: _____

Cardholder Billing Address: _____

Signature of Cardholder: _____

Company Name: _____ Show Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Authorized By: _____ Email: _____

Signature: _____ Booth #: _____

By signing, I agree to all Terms and Conditions as outlined on the reverse side of this form.

Note that it is the policy and practice of Rosemont Exposition Services to mail out exhibitor show service statements at the conclusion of each event. If your company's show site personnel would like to review this statement during the event, please have them stop at the RES Service Center.