

**Dealer Contract
Fall 2017
Greater Chicago**

Postcard and Paper Show and Sale

Set UP Thursday Nov 2, 6pm-10pm. Fri 7A-9A
Open Fri Nov 3, 10 AM to 6 PM(Early Bird at 9:00 AM)
Sat Nov 4, 8 AM to 3 PM(open early, close at 3pm)

**Holiday Inn-Countryside 6201 Joliet Rd
Countryside IL 60525 (708-354-4200)**

All tax, liability, theft, licenses, payments, state, local
and federal are responsibility of the dealer.

I wish to reserve 1, 8 ft table @ \$155.00 or
2 or more @ \$145 ea. Backups are \$15 ea.

Total Ordered _____ front and _____ backup

Total enclosed: _____

Please Print Name, address, phone, email on back.

Signature: _____ (keep 1 copy)

Make Check and MAIL to: Jim Taylor,
PO Box 399,

Neosho, MO 64850 jmtaylor@ipa.net

You may pay \$50 deposit
Now to hold your
Table space for any show
(paying balance prior
to opening of show)

-Or-

**10% Disc if full payment is sent and
recvd 60 days before show dates.**

+++++

Please fill in below

Name _____

Address _____

City/St/Zip _____

Email _____

(Mail back one copy with payment)

Special Requests: _____

**Dealer Contract
Fall 2017
Greater Chicago**

Postcard and Paper Show and Sale

Set UP Thursday Nov 2, 6pm-10pm. Fri 7A-9A
Open Fri Nov 3, 10 AM to 6 PM(Early Bird at 9:00 AM)
Sat Nov 4, 8 AM to 3 PM(open early, close at 3pm)

**Holiday Inn-Countryside 6201 Joliet Rd
Countryside IL 60525 (708-354-4200)**

All tax, liability, theft, licenses, payments, state, local
and federal are responsibility of the dealer.

I wish to reserve 1, 8 ft table @ \$155.00 or
2 or more @ \$145 ea. Backups are \$15 ea.

Total Ordered _____ front and _____ backup

Total enclosed: _____

Please Print Name, address, phone, email on back.

Signature: _____ (keep 1 copy)

Make Check and MAIL to: Jim Taylor,
PO Box 399,

Neosho, MO 64850 jmtaylor@ipa.net

You may pay \$50 deposit
Now to hold your
Table space for any show
(paying balance prior
to opening of show)

-Or-

**10% Disc if full payment is sent and
recvd 60 days before show dates.**

+++++

Please fill in below

Name _____

Address _____

City/St/Zip _____

Email _____

(Mail back one copy with payment)

Special Requests: _____
