

# Dealer Contract Spring 2020 Greater Chicago

## Postcard and Paper Show and Sale

Set UP Thursday Apr 16, 6pm-10pm. Fri 7A-9A  
Open Fri April 17, 10 AM to 6 PM(Early Bird at 9:00 AM)

Sat April 18, 8 AM to 3 PM (open early, close at 3pm)

**Holiday Inn-Countryside 6201 Joliet Rd,  
Countryside IL 60525 (708-354-4200 for hotel rate for show)**

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 \$100 deposit  
Now to hold your  
Table space for this 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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

# Dealer Contract Spring 2020 Greater Chicago

## Postcard and Paper Show and Sale

Set UP Thursday Apr 16, 6pm-10pm. Fri 7A-9A  
Open Fri April 17, 10 AM to 6 PM(Early Bird at 9:00 AM)

Sat April 18, 8 AM to 3 PM (open early, close at 3pm)

**Holiday Inn-Countryside 6201 Joliet Rd,  
Countryside IL 60525 (708-354-4200 for hotel rate for show)**

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 \$100 deposit  
Now to hold your  
Table space for this 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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_