



CHICAGOLAND  
UNCONVENTIONAL  
BICYCLE EXPO

## 2016 Exhibitor Application

Chicagoland Unconventional Bicycle Expo (CUBE): September 30 - October 2

Tinley Park Convention Center (I80 & Harlem)

Please Print Clearly

Company Name (exactly as it should appear in Expo program): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Products/Services Displayed: \_\_\_\_\_

Number of Linear Booth(s) @ \$875 per 10 x10 Booth \_\_\_\_\_ Total \$ \_\_\_\_\_

Number of End Cap or Corner Booth(s) @\$950 per 10 x 10 Booth \_\_\_\_\_ Total \$ \_\_\_\_\_

Provide our Web site link on your site, and request our customers join us Discount \$25 \_\_\_\_\_

In addition, I would like to attend the Industry Only Friday night get together \$55@ Total \_\_\_\_\_

I am interested in presenting Seminars or Workshops Yes \_\_\_\_\_ No \_\_\_\_\_

Proof of Insurance: Attached \_\_\_\_\_ Will send before August 1st \_\_\_\_\_

Acceptance of Terms & Conditions:

I/We have read, understand and agree to abide by the Terms and Conditions listed on the reverse side of the Exhibitor Application, which are made part of this agreement.

Exhibitor Tax ID Number \_\_\_\_\_

Exhibitor's authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Balance due by August 1, 2016 \$ \_\_\_\_\_

Mail this application with check made payable to Expo Fun, LLC:

CUBE Expo  
Expo Fun, LLC  
8140 Milwaukee Ave.  
Niles, IL 60714

Please print or Save a copy of this for your records. This is your invoice. Additional invoices will not be sent.