



Township Officials of Illinois
109th Annual Educational Conference

Exhibit Participation Request
(please print or type)

Name of Exhibiting Organization: (as it should appear on all signage and promotional materials)

Name of Contact Person:

Address:

City State Zip

Phone: Fax: Email:

Please indicate applicable category:

Government Agency TOI Associate Company Member Non-member

Booth Type: (see General Exhibit Information for size and cost)

Standard Booth Additional Standard Booth Area Booth

Preferred Booth Request: Refer to floor plan and indicate appropriate number. Every attempt will be made to accommodate your request; however, space will be assigned on a first-come, first-paid basis, therefore please indicate a first, second, and third choice for your booth space.

First Choice Second Choice Third Choice

Amount Enclosed Check Number
(Payment, made payable to TOI, must accompany Participation Request)

The following representatives will staff our booth. (please print or type names as they should appear on badges)
If this information is not known at this time submit to bhale@eventmgtp.com no later than September 23, 2016.

Four horizontal lines for listing booth staff names.

Signature:

This request form and payment must be received in the TOI office, 3217 Northfield Dr., Springfield, IL 62702, no later than September 2, 2016 to be included in the October issue of Township Perspective and in the Conference Program booklet.

For TOI office use only
Date of Receipt:
Booth Assignment: