



## 5<sup>th</sup> Annual Small Business Clinic Exhibitor Form

May 7<sup>th</sup>, 2020 | 9:00am – 12:30pm

Please submit this form and payment by April 10, 2020.

Chamber Member Table: \$50.00       Non-Member Table: \$75.00       Federal / State Agency

Company Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

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

Do you need Electrical Outlets?     No       Yes (*Exhibitors must bring an extension cord*)  
(MUST BE REQUESTED IN ADVANCE)

Name(s) of other company representatives that will attend:

\_\_\_\_\_  
\_\_\_\_\_

Description of your Booth Layout, Materials & Products (*Please be specific about any layout details, such as any backdrop that might obscure other vendors*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please remit payment to:

Small Business Clinic  
6640 S. Cicero Ave. Suite 204.  
Bedford Park, IL 60638

*\* Only one vendor per table please. Exhibitors are asked to be respectful of event time and not pack up prior to 12:15.*