

Dupage Collector's Expo
Saturday, April 7, 2018

Public Show Hours 9AM to 3PM

Dealers open at 7AM

Dealer Contract

Dealer Name _____

Address _____

Phone _____ Helper's Name _____

I would like: 1st Table \$ 40.00 _____ Additional tables \$35 each _____ (indicate total tables)

I need Electricity for my table (\$10 extra) Yes or No _____

I will be primarily selling: [Please note which items are most prominent, and which are secondary]

Insulators, lightning rod equipment, bottles, telephone/telegraph, or other _____

Please note special requests or comments here, including the need for electricity _____

I and my representatives (i.e. participating family members, helpers, other dealers, etc.) agree to abide by the hosts show floor rules, code of ethics, and any special rules. I understand that neither the show hosts, nor the Dupage County Fair Association and their respective owners, managers, subsidiaries, affiliates, employees and agents will be responsible for the theft, loss or damage to person or property, from any cause, whatsoever, during our participation in this event. I hereby agree to indemnify, hold harmless and defend the Dupage County Fair Association and their respective owners, managers, subsidiaries, affiliates, employees and agents, and the show hosts against any claims or expenses arising out of the use of the exhibition premises, including, but not limited to, liability resulting or connected with the transportation, placing, removal or display of items for exhibit, offer for sale, or the actual sale of any item(s) by myself or by any of my representatives as described above. I also hereby agree to indemnify the Dupage County Fair Association for any damage caused to any Fairgrounds property as a result of me and my representatives' participation in this show, except for in the case of the Fairgrounds negligence or misguidance.

I also understand that failure to comply with the terms of this Agreement may result in my expulsion from the show premises and/or limitations place on my future participation this show and related activities.

I have read the above and completed the form and by my signature I hereby accept the above requirements, liability agreement of this Agreement's terms and conditions set by the hosts. I understand the refund cut-off date is February 1st, 2018 and that cancellations past this time will be considered on an individual basis.

Signature _____ Date _____

Please return this form to:

Bob Stahr
360 S. Kenilworth Ave.
Glen Ellyn, IL 60137
(630) 793-5345
bob@hemingray.com