



3rd Annual Small Business Clinic Exhibitor Form

Please submit this form and payment by May 1, 2018 to take advantage of early-bird pricing.

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 should bring an extension cord.)*
(MUST BE REQUESTED IN ADVANCED)

Description of your Organization:

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: _____

Payments may be remitted to any the of hosts listed below.



**Bedford Park - Clearing
INDUSTRIAL ASSOCIATION**

5101 W. 67th St.
Bedford Park, IL 60638



7300 W. 87th St. Suite 2
Bridgeview, IL 60455



Midwest Business Consulting

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



**OAK LAWN
CHAMBER OF COMMERCE**

5120 Museum Dr.
Oak Lawn, IL 60453