



ILQHA Vendor Application

Gordyville USA, Gifford,IL

Vendor Information			
Business Name:			
Primary Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Cell Phone:		
Fax:	Email:		
Product and/or Service Provided:			

Booth Information	
Please indicate which space you would like. Sponsors will receive priority booth placement	
Date Requested	
10 x 10 @ \$ 100	Self Contained Trailer @ \$200
10 x 20 @ \$ 150	
	Additional space available per request

Signature _____

Insurance. Vendor acknowledges that ILQHA and GORDYVILLE USA do not maintain insurance covering Vendor's property and that the Vendor has the sole responsibility to obtain business interruption and property damage or theft insurance covering such losses by Vendor. Vendors are required to hold a \$1,000,000 Certificate of Liability insurance with ILQHA listed as the certificate holder. Proof of insurance shall be provided at the signing of the contract. Vendor may not occupy assigned spaces until certificate of insurance has been provided.

Fees above are the discount for cash and check paying customers

Payment method: ____ Check/Money order enclosed ____ MC/VISA/American Express/Discover Credit

Card #: _____ Exp Date: _____ 3-digit Card Security Code _____