

# 2019 Illinois Student Ministries Events Exhibitor Registration Form



## Payment Schedule:

Full payment for Fine Arts must be postmarked by **March 8, 2019**.  
Graphics (booklet sponsors) must also be received by this date (see pg. 2)  
Space is limited and assigned according to registration date.

*Send Application and Payment to:*

ISM || PO Box 620 || Carlinville IL 62626  
fax: 217.854.4635 || phone: 217.854.4631 || email: ilsmonline@idcag.com

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Web Address \_\_\_\_\_

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## EVENT INFORMATION

### Fine Arts Festival

Date : Saturday, April 6, 2019

Location : GT Church, Decatur IL

All contracts must be accompanied with payment of your total cost. ISM charges a fee of \$100 to each exhibitor for each space (8'ft section). ISM will provide an eight foot table and chair(s) for each paid booth space. Anything beyond this will need to be noted so space can be provided.

Yes, we will use the table provided

No, we will have our own booth (8 ft. section)

Additional Notes \_\_\_\_\_

Please specify if you require access to an electrical outlet

Yes, provide me with outlet

No, I do not need an outlet

BOOKLET SPONSOR - \$40 or \$100

Yes, I would like to advertise in Fine Arts ISM booklet

Color Page (\$100)

No, I do not want to advertise in Fine Arts ISM booklet

Contact ISM for graphic specifications (ilsmonline@idcag.com) Space is very limited and given on a first-come first-serve basis. ISM reserved the right to refuse advertisements based on content or design. **Graphics MUST be received by March 8, 2019.** Failure to submit graphics by the specified deadline will result in the loss of advertising space. Refunds will not be offered for graphics that are not received.

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PAYMENT INFORMATION

Total # Booths \_\_\_\_\_ X\$100= \_\_\_\_\_

Additional Attendees \_\_\_\_\_ X\$50 = \_\_\_\_\_

Booklet Sponsor Color X\$100 = \_\_\_\_\_

Registering after March 08, 2019 X\$50 = \_\_\_\_\_

TOTAL COST \_\_\_\_\_

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FORM OF PAYMENT

Check enclosed (please make payable to ISM)

I authorized ISM to charge \$ \_\_\_\_\_ to my (check one) 3 digit Security Code \_\_\_\_\_

Visa

Mastercard

American Express

Other

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Cardholder's Name (please print) \_\_\_\_\_

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We the Above signed Company, having read and agreed to the Terms and Conditions, Contract for exhibitor space and service for the above selected event (s) with ISM at the dates and locations specified above.

Company \_\_\_\_\_

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

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**ISM USE ONLY**

Total Cost \_\_\_\_\_ Deposit \_\_\_\_\_ Balance Due \_\_\_\_\_ Check # \_\_\_\_\_

Check \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Credit Card Type: \_\_\_\_\_ \$ \_\_\_\_\_

Date R'cvd \_\_\_\_\_ Date Processed \_\_\_\_\_