

*Family Respite Care Services, Inc*  
205 N. Main Street, Suite 102, Janesville, WI 53545  
608-758-0956 [family.respite@sbcglobal.net](mailto:family.respite@sbcglobal.net) [www.rockcountyrespite.org](http://www.rockcountyrespite.org)

**2008 ANNUAL STATEWIDE RESPITE CONFERENCE EXHIBITION INFORMATION**

● **Exhibition Costs**

*Non-profit Exhibitors:* 1 Table \$50.00  
2 Tables \$75.00

*For-profit Exhibitors:*

Option A - 1 Table \$125.00

Option B - 2 Tables \$250.00

Option C – 1 Table \$100.00 & Raffle item donation value \$25.00

Option D – 2 Tables \$200.00 & Raffle item donation value \$50.00

Need an extra table? Contact Rose Helms at 608-558-8204

● **What is provided for Exhibitors?**

*The following items are included in the fee:*

- ~ Listing of name in conference program
- ~ Fee paid for each table requested

● **2008 Exhibit Contract Guidelines**

**General Information:**

Family Respite Care Services, Inc provides access to space, at a cost, to approved exhibitors. Acceptance of an exhibit is not to be construed or promoted as an endorsement by FRCS, Inc.

**Acceptance of Exhibitors:**

Acceptance of exhibitors is in discretion of Family Respite Care Services, Inc. An application to exhibit is not accepted until the exhibitor is notified of the acceptance.

**Exhibit Reservation, Payment & Cancellation:**

Please see Application.

**Product Sales:**

The Exhibitor assumes responsibility for securing all appropriate licenses for the sale of merchandise and is solely responsible for the collection of all applicable state and local taxes.

**Liability:**

All Exhibition merchandise and property is the responsibility of the Exhibitor. FRCS, Inc will not be held responsible for any loss of such belongings.

**Hotel:**

To ensure a double room rate of \$89 or a king room rate of \$94, ask for the “Respite Conference” block by 9/7/08. For hotel reservations call 608-756-3100

**Questions?** Please email Rose Helms at [roseh@eishome.com](mailto:roseh@eishome.com) or call 608-558-8204.

*MISSION: To recruit and professionally support Respite Care Providers and promote 'strength based' support and resources for caregivers.*

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3rd Annual Statewide Respite Conference  
Holiday Inn Express Convention Center  
3100 Wellington Pl.  
Janesville, WI 53545

**2008 CONFERENCE APPLICATION AND CONTRACT FOR EXHIBIT SPACE**

Exhibitor Date: October 8, 2008

**Please type or print:**

Exhibiting Organization:

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Brief Description of Product / Service to be displayed:

\_\_\_\_\_

\_\_\_\_\_

**Non-profit Exhibitors:** 1 Table \$50.00  
2 Tables \$75.00

**Exhibit Rates:** Commercial Exhibitors  
Option A - 1 Table \$125.00  
Option B - 2 Tables \$250.00  
Option C - 1 Table \$100.00 & Raffle item donation value \$25.00  
Option D - 2 Tables \$200.00 & Raffle item donation value \$50.00

**Exhibit Space Requested:** Total Tables: \_\_\_\_\_

**Sorry**, I am unable to attend this year, but I would like to send some materials (Brochures/flyers/promotional giveaways) for the Resource Information table. **Fee - \$25.00**

I am not a presenter but wish to purchase the conference lunch **Fee - \$15.00**

I would like to donate the following products for the FRCS raffle:

\_\_\_\_\_ Value: \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

**Please turn over for contract signature and end of exhibitor application**

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Do you qualify for Non-profit status? Yes No *If yes, a copy must be submitted of your 501(c)3 letter from the IRS*

Do you plan to sell products in the exhibit area? Yes No

If yes, exhibitor takes responsibility for securing vendor license, and collecting all applicable local/state taxes.

**Deposit, Payment & Cancellation:**

Payment must accompany Exhibit Contract to secure space. If full payment is not received by July 31, 2008 FRCS, Inc may resell, reassign or reuse the space. No exhibitor will be permitted to erect a display until space rental is paid in full. If notification of cancellation is made **before** July 31, 2008, FRCS will refund ½ amount paid. If notification is after July 31, 2008 amount paid will not be refunded however you may notify us of another organization that will replace your exhibitor space. If a notification is not received after August 31<sup>st</sup>, 2008 space will be forfeited and no refund will be made.

**You may also pay by purchase order**

**Agreement – Deadline: July 31, 2008**

Therefore, the undersigned agrees to all terms, regulations, and conditions set forth in the Exhibitor Guidelines and application is hereby made for exhibit space at Janesville Holiday Inn Express for October 8, 2008 at the Family Respite Care Services, Inc 3<sup>rd</sup> Annual Statewide Respite Conference. The undersigned agrees to pay the balance of the space rental by July 31, 2008.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Checks may be made payable to:  
Family Respite Care Services, Inc.**

**Please mail completed application and payment to:**

*Rose Helms  
Attn: Exhibit Space  
4335 N. Dandylion Ln.  
Evansville, WI 53536*

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For FRCS, Inc. Office Use Only:

Payment Received: \_\_\_\_\_ Check# \_\_\_\_\_ Initials: \_\_\_\_\_