



# \$250 NATURAL RESOURCE CENTER CONTRACT

Naturally Healthy Children's Expo  
October 5,6, & 7, 2007, Chicago's Navy Pier  
Questions? Call NHC Expo at (708)361-6000

## COMPANY INFORMATION (as it should appear on all printed material, including guide to exhibits and Identification labels)

Company Name: \_\_\_\_\_  
Website: www. \_\_\_\_\_  
Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Key Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Key Contact E-mail address: \_\_\_\_\_

Under what product or service category will your pamphlet appear?

- Restaurants     Catering     Service     Health     Products     Other, please specify \_\_\_\_\_

## BASIC PAYMENT INFORMATION

Payments can be mailed to:  
NATURALLY HEALTHY CHILDREN'S EXPO  
7000 W. Southwest Highway, Ste 202  
Chicago Ridge, IL 60415

Payments may also be faxed to (708) 361-6166  
(For security reasons, we ask that you do not e-mail your credit card number.)

Full payment is due with contract.  
Thank you.

**METHOD OF PAYMENT:**     Check # \_\_\_\_\_     Amex     Visa     Mastercard

Credit Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Card Holder (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

IF PAYING BY CHECK, please

- 1.) Complete this contract,    2.) Sign it,    3.) Make a copy, and    4.) Mail the original, with \$250 payment.

## AGREEMENT, CONTRACT AND TERMS

This agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, by and between NATURALLY HEALTHY CHILDREN EXPO (herein after referred to NHC Expo,) whose principle place of business is 7000 W. Southwest Highway, Chicago Ridge, IL, USA 60415, and (your company name) \_\_\_\_\_, whose principle place of business is (your address) \_\_\_\_\_.

- I/we agree to provide NHC Expo with 1,000 8.5 x 11 brochures by September 15, 2007.
- I/we agree to pay all shipping costs associated with delivery of all brochures by the deadline.
- If applicable, I/we authorize NHC Expo to responsibly dispose of any remaining brochures following the expo.
- If no, I/we authorize NHC Expo to use the above credit card for shipment of excess brochures back to me.

My company agrees to abide by the terms and conditions stated above.

Name (print) \_\_\_\_\_

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

For more information contact the NHC Expo Management at (708) 361-6000. Thank you.