

# Fiber & Fabric Craft Festival

**May 1-3, 2026**

Deadline To Receive Discounted Rates:  
April 16, 2026



*Please Mail, E-mail or Fax Completed Form to RES:*  
9291 West Bryn Mawr, Rosemont, IL 60018 | Fax 847-696-9797  
customerservice@rosemontexpo.com

In order to utilize an Independent Contractor/Display House to perform carpenter labor services for the set-up and dismantle of a booth display at the Donald E. Stephens Convention Center, the exhibiting company must complete the information below and submit the form to RES at least five business days prior to the beginning of the show move-in period.

Note that the responsible supervisor of the EAC must report to the RES Service Center prior to the commencement of set-up. No badges will be issued until all pertinent paperwork, including a Certificate of Insurance, has been submitted to RES. Also, only members of a Carpenter Labor Union with jurisdiction over Trade Show services within the Chicagoland area can be authorized to provide these setup and dismantle services.

EAC Company: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Booth Number: \_\_\_\_\_

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

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

*\* See sample of COI on following page*

Exhibitors Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Authorized By (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Booth #: \_\_\_\_\_

Order Summary and Payment Sheet MUST accompany this order. All terms and conditions as outlined on the Order Summary and Payment Sheet have been reviewed and understood.

RES Address: 9291 West Bryn Mawr, Rosemont, IL 60018 • RES Telephone: 847-696-2208 • RES Fax: 847-696-9797



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Your Agent or Broker Address City, State Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED  Your Company Name Address City, State Zip	INSURER A: Carrier Names	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ENDORSEMENTS AND CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	EXP DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	Your policy #	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Village of Rosemont DBA DES Covention Center - RES is named as additional insured on the general liability policy per written contract with the named insured.

**CERTIFICATE HOLDER****CANCELLATION**

Village of Rosemont DBA DES Covention Center - RES  
1001 West Devon Avenue  
Rosemont, IL 60018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## Third Party Billing



Please Mail, E-mail or Fax Completed Form to RES:

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customerservice@rosemontexpo.com

Third Party: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Booth Number: \_\_\_\_\_

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

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

### Third Party Will Pay

- ☐ ALL SHOW SERVICES:  
☐ FURNITURE:  
☐ CARPET:  
☐ LABOR:  
☐ CLEANING:  
☐ FREIGHT:  
☐ ELECTRIC:  
☐ OTHER ITEMS: \_\_\_\_\_  
☐ OTHER ITEMS: \_\_\_\_\_  
☐ OTHER ITEMS: \_\_\_\_\_

### Credit Card Payment Information for Responsible Party

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CW2 Code: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Exhibitors Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Authorized By (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Booth #: \_\_\_\_\_

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