



Illinois Tactical Officers Association

P.O. Box 114, Olympia Fields, IL 60461-0114
Phone (708) 922-1280 • Fax (708) 922-1380

Dear Vendor

The Illinois Tactical Officers Association invites you to participate in its 24th Annual Training Conference and Exhibition.

The Conference will be held at the Double Tree Hotel Chicago-Oak Brook on November 20, 21 & 22, 2011. This is a chance for you to showcase your products to the men and women in law enforcement who recommend, purchase and use your products.

On Sunday, November 20th we will be hosting Appreciation Night. This event will be a chance to Thank the attendees who help to make our Conference a success. From 5:00 pm to 8:00 pm, food and beverages will be served in the vendor area. This will give you the undivided attention of the attendees before the Official training starts on Monday.

We anticipate an attendance of over 800 plus, including officers from the Federal, State, County and Local agencies. While the majority of the participants are from Illinois, Officers from California, Canada, Colorado, Indiana, Iowa, Michigan, Missouri, New York, Ohio, Texas, Virginia and Wisconsin are also in attendance. Approximately 25% of the participants are ranking officers from their agencies. This year on Tuesday from 9:00 am to 3:00 pm we will host an open vendor day inviting all law enforcement agencies and officers to attend the vendor show. We are also going to include officers to view the exhibitor area who are not able to attend the full conference. ITOA Members not attending the Conference will be invited to attend Vendor Appreciation Night on Sunday, November 20, 2011.

The cost of the exhibition space is \$625.00. Additional spaces are available for \$400.00 each. Each approximate 6' square space comes with 6'x30" table, 6'x18" table (**sizes are approximate**) and 2 chairs. Electrical hook-ups are available in some of the spaces at a charge of \$35.00 per day. However, you must supply your own extension cords, multi-plug connectors, etc. Exhibit space is assigned on a "First come First Serve Basis" and sold out early in the previous years. Please register by August 1st to secure your vendor location. Please note exhibition space size, if you intend to bring your own booth set up please call the office for arrangements, you may be charged for additional space. Please note: We will only allow 4 representatives per each exhibition space/room; any additional representatives will be charged a fee for attendance. Reminder: all vendors are required to provide one door prize.

If you need accommodations during the Conference, contact the Double Tree Hotel Chicago-Oak Brook and tell them you are attending the ITOA Conference. A special rate of \$95.00 per night plus tax, single or double occupancy, is available until October 14 (based on availability). For video equipment rental or special needs, contact the hotel directly, 1909 Spring Road, Oak Brook, Illinois 60521, (630) 472-6000. Room reservations please call 1-800-222-8733.

If you have questions, please call Kathryn Bertrand at the ITOA office at (708) 922-1280

Sincerely,
Ed Mohn
ITOA Conference Co-Chair

ITOA 24th Annual Training Conference

Vendor Schedule

Sunday, November 20, 2011

10:00 am – 4:00 pm	Check In/Set-Up
5:00 pm – 8:00 pm	Vendor Appreciation Night
8:00 pm	DOORS CLOSED AND LOCKED PROMPTLY

Monday, November 21, 2011

7:00 am	Doors are unlocked/Vendor Area open
5:15 pm – 6:15 pm	Cocktail Reception
6:30 pm	DOORS CLOSED AND LOCKED PROMPTLY

Tuesday, November 22, 2011

8:00 am	Doors are unlocked/VENDOR AREA OPEN
1:30 pm	You may begin breakdown. MUST BE COMPLETE WITH BREAKDOWN BY 5:00 P.M.

Coffee for Vendors ONLY will be available in the draped area.

A person from the hotel staff will be available to take orders for lunch.



Illinois Tactical Officers Association

P.O. Box 114 • Olympia Fields, IL 60461 • (708) 922-1280 • Fax (708) 922-1380 • www.itoa.org

Annual Vendor Conference Registration Application

Please complete or revise this form and return. Payment is required to secure exhibition space.

Contact Person:

Company:

Address:

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Toll Free:** _____

Fax:

Website:

Email:

Products displayed: _____

Each vendor is **required to provide one door prize**. Company name announced when door prize is distributed.

Door Prize 1: _____ **Suggested Retail Value 1: \$** _____

Door Prize 2: _____ **Suggested Retail Value 2: \$** _____

Only 4 representatives are allowed at your booth at any time. Additional representatives will be charged an attendance fee of \$50.00. Your name badges will only include your company name. **Please note**, everyone must be 21 years of age or older to be admitted into the vendor areas.

Exhibition area: Exhibition space is reserved first come, first serve. (space = 6' x 6') as indicated in vendor package

- Exhibition space **\$625.00**
- Additional exhibition space(s) @ \$400.00/ea. _____
- Electrical outlet @ \$ 35.00/ea. x3 days _____

Vendor setup: Sunday 10:00 a.m. - 4:00 p.m.

Exhibit hours: Sunday: 5:00 p.m. - 8:00 p.m. -- **Monday:** 7:00 a.m. - 6:30 p.m. -- **Tuesday:** 8:00 a.m. - 3:00 p.m.

Appreciation night sponsorship - \$575.00

Company name displayed on banner at Appreciation night. Your company name is highlighted in conference program book. Your company is listed in "after conference issue of the ITOA News Magazine distributed to over 1,800 members.

Advertising for Conference Program Book (please circle) - NEW LOWER PRICING

- Half page (approx. 7 1/2" W x 4 1/2" H) \$200.00 - was ~~\$310.00~~
- Full page (approx. 7 1/2" W x 10" H) \$300.00 - was ~~\$410.00~~

Electronic file and a hard copy of artwork must be supplied by vendor and received by ITOA no later than Sept. 14, 2011.

Total amount enclosed: \$ _____

To pay by Credit Card: (check one) Visa MasterCard Discover American Express

Name on card: _____ Card number: _____

Expiration date: _____ Security code: _____ Zip code: _____ Phone number _____

FOR OFFICE USE ONLY

Vendor Registration Application

Received date _____

File Pro _____ Letter _____ Email _____ Date _____ Initials _____

Invoice # _____ Date _____ Initials _____

Check # _____ Amount \$ _____ Company _____ Pers _____

Credit _____ Cash _____ Date _____ Initials _____

Registration Deadline

Registrations received after October 1, 2011 date (space permitting) requires payment by charge card.

We accept:

Discover, Visa, MasterCard, and American Express.

Please return completed attached **Annual Vendor Conference Registration Application** and make checks payable to:

ITOA
P.O. BOX 114,
Olympia Fields, IL. 60461-0114
E-mail: itoa@itoe.org
E-mail: kbertand@ameritech.net
Fax: 708-359-1486

Note:

No Cancellations or Refunds after Saturday, October 1, 2011

ITOA Tax ID Number: 36-3624189

ITOA Office Phone Number: 708-9822-1280

Reminder: All vendors are required to provide one door prize.

Important Information from Double Tree Hotel & Illinois Tactical Officers Association

Shipping & Receiving Package Instructions

Packages for meetings may be shipped directly to the hotel. Shipment should be scheduled to arrive no later than 72 hours prior to your meeting. **Packages without proper identification will be refused by the hotel.** Please include the following information on each package.

1. Name of the Group – **Illinois Tactical Officers Association**
2. Return address – **Your Company**
3. Convention Service Contact – **Kathryn Bertrand**
4. Name of person who will claim package(s) – **Your Representative**
5. **Date of that persons' arrival**

Doubletree Oak Brook will accept only pre-paid packages. Any packages delivered C.O.D. will be refused by the Hotel and notification will not be made by the Hotel to the Shipper. Our shipping address is:

**Doubletree Hotel Chicago-Oak Brook
1909 Spring Road
Oak Brook, IL 60523**

A handling fee will be assessed on all incoming and outgoing packages. The following charges will apply for package delivery and storage and are based on package(s) weight.

**Up to 50 lbs - Free
51- 100 lbs - \$0.10/ pound
101-200 lbs - \$0.20/pound
201- And up - \$0.30/ pound**

Required: complete the exhibit booth order form and the credit card authorization form provided by the hotel.

All outgoing packages need proper forms and identification. Hotel will not be responsible for outgoing packages that are not properly addressed.

Doubletree Oak Brook/Illinois Tactical Officers Association (ITOA) shall not be liable for safe or timely arrival of any packages sent to the Hotel by or for the **Vendor**. It is the Vendors' responsibility to check on the arrival of any packages and to insure that the contents are intact. ITOA/Doubletree Hotel Chicago-Oak Brook accepts no liability for lost, stolen or damaged goods.

Approval

I have read the above guides and will adhere to the Doubletree Hotel Chicago-Oak Brook policies as outlined.

Signature _____ Date _____

Company _____

IMPORTANT

ABSOLUTELY NO AMMUNITION ALLOWED IN OR ABOUT THE FIREARMS!

PLEASE MAKE SURE ALL SHIPMENTS OF FIREARMS, CHAMBERS, CYLINDERS ARE EMPTY AND SAFETIES ARE ENGAGED PRIOR TO SHIPMENT.

THANK YOU FOR YOUR COOPERATION IN KEEPING EVERYONE SAFE.

Dear Exhibitor,

The Board asks your assistance in ensuring a safe exhibit area. The nature of the law enforcement products you display demands extra care in transport, handling, and inspection during the Conference.

We ask that you continually check your exhibit area to be certain that ALL magazines are removed from all firearms, ALL firearm safeties be engaged, and that the action of ALL firearms is open and the bolt/slide locked to the rear and revolver cylinders open to ensure the chamber is empty. Absolutely NO ammunition allowed IN or ABOUT the firearm(s). In addition ITOA will have Safety Officers periodically checking the areas.

An excellent and mutually beneficial relationship has developed over these past years between the ITOA and Conference exhibitors. By continued inspection and proper regard for safety in the transport, handling and inspection of firearms and other law we enforcement tools, we can work together to assure a great Conference.

Thank you for your cooperation and consideration.

Best Regards,

A handwritten signature in cursive script that reads "Jeff Chudwin".

Jeff Chudwin
President, ITOA



Exhibition Shipping and Receiving Order Form

Fax: (630) 573-1909 Attn: Brad
E-mail: brad.lajoie@hilton.com

Vendor Name: _____

Payment Type: _____

Vendor is responsible for payment of all items shipped to the hotel.

Number of Boxes to be shipped _____

Address to Ship Items:

**** Name of Group and Vendor ****
Doubletree Hotel Chicago-Oak Brook
1909 Spring Road
Oak Brook, IL 60523

♦ **Electrical orders can be faxed or e-mailed to the Doubletree**
Service provided by Swank Audio Visuals - Steve Luka (630) 472-6140

Basic Audio/Visual	32" TV/VCR or DVD	\$ 20.00/day	_____
	20" Data Monitor	\$115/day	_____
	Tripod Screen	\$ 50/day	_____
	T-1 Connection	\$150/day	_____



Credit Card Authorization Exhibition Shipping and Receiving Order Form

Guest/Group Name: _____

Arrival & Departure Dates: _____

I irrevocably authorize my credit card to be used for the following services at the Doubletree Hotel Chicago-Oak Brook, Oak Brook, Illinois:

Please Check One: Direct Billing Guarantee Payment Deposit Only

Check all that apply: _____ All Group Room, Tax and Associated Charges (including rooms attrition and cancellation)
_____ All Banquet Food and Beverage and Associated Charges (including tax, service charges, and food and beverage attrition and cancellation)
_____ All Master Account and Other Charges
_____ Group Deposit of \$ _____ (Per Contract)
_____ Following Charges Only: _____

Estimated Charges (provide by Hotel Representative) \$ _____

Contact Name: _____ If used for Direct Billing guarantee, please provide:

Contact persons, Billing Address & Telephone Number

Credit Card #: _____ Expiration Date: _____

3 digit code on back of Credit Card: _____ Card Holder: _____
please print name as it appears on card

Company Name: _____ _____
City, State, Zip

Contact Name: _____

Amount of Charge/Approve: _____ Phone # _____

Signature: _____ Today's Date: _____

I warrant and represent that I am authorized to agree that Charges for the event are posted to this credit card.

Upon completion of your function(s), you are obligated to meet with a hotel representative to verify that all charges are correct and to settle the account. I further understand, should the Account not be settled before departure, the credit card account listed will be charged for the services rendered.

50% of the estimated charges will be billed to this credit card, as an advance deposit, 96 hours prior to event date.

Important note: due to credit card regulations, a photocopy of the cardholder's card imprint (front and back) must be provided, upon completion of this form. Please be sure cardholder has signed the back of the card.

If credit card is used as guarantee of payment, an authorization hold for the estimated balance will be put through 30 days prior to program. All invoices are due in accordance with contract terms. After 30 days if payment is not received, credit card will be charged.

For Hotel use only: Amount Charged \$ _____ Approval Code _____
Date _____ Deposit # _____